

Section 1: Project Overview

Slide	Main Messages	Activities and Handouts
	<p>Loving Support® Through Peer Counseling: A Journey Together – For WIC Managers</p> <ul style="list-style-type: none"> This curriculum is designed for WIC State level managers, peer counseling program coordinators, and local agency coordinators and supervisors. The curriculum is designed for State agencies to train local agencies on implementing and managing peer counseling programs. The brown “dashboard” icon shows the main topic areas. This curriculum is linked with the peer counselor training curriculum, “Loving Support® Through Peer Counseling: A Journey Together – for Training WIC Peer Counselors.” The curriculum can be accessed by clicking on the blue icon. The “Training Facilitator Guide” provided with the curriculum for peer counselor trainers provides details about how to use the special navigation features of the presentation platform. 	
	<p>Welcome from National WIC Director</p> <ul style="list-style-type: none"> Let's take a few moments to watch a video welcome and introduction from Debra Whitford, National WIC Director. She will explain the vision of the Food and Nutrition Service for breastfeeding peer counseling in the WIC Program, and provides an overview of the updated training curricula. 	<p>Video “WIC Director Welcome” (Video/Support/Peer Support/WIC Director)</p>

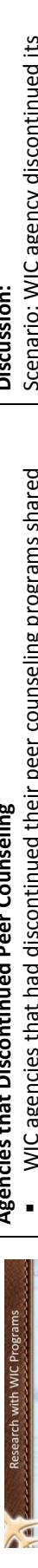
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Peer Counseling in WIC</p>	<p>Peer Counseling in WIC</p> <ul style="list-style-type: none"> In 2003 FNS developed “Using <i>Loving Support</i>© to Implement Best Practices in Peer Counseling,” designed to prepare staff within the WIC Program to implement and expand breastfeeding peer counseling programs. The goal of the project was to equip WIC programs throughout the country with an implementation and management model that is effective and feasible, and that serves as a framework for designing, building, and sustaining peer counseling programs. Since 2004, funding has been distributed to WIC State agencies to enable them to begin implementation of an effective and comprehensive peer counseling program and/or to expand an existing program. The funding is awarded on a non-competitive basis; however to receive the funds, WIC State agencies must agree to implement/administer a peer counseling program based on research-based components of a successful peer counseling program as identified by FNS (<i>Loving Support</i>© Model). 	<p>Handout: Assessment and Planning 1: “Loving Support© Model”</p>
 <p>The <i>Loving Support</i> Model</p>	<p>The <i>Loving Support</i> Model</p> <ul style="list-style-type: none"> As part of the original national peer counseling initiative, “Using <i>Loving Support</i>© to Implement Best Practices in Peer Counseling,” formative research was conducted to determine lessons learned and recommendations from State and local agencies. The research formed the basis for guidance to State and local WIC agencies to help them implement a program that is evidence-based and relies on best practices. The guidance, the “<i>Loving Support</i>© Model for a Successful Peer Counseling Program,” remains the framework for State agencies to use to establish policies and practices under each of its required components. The model addresses program support in two areas: <ul style="list-style-type: none"> Adequate program support from State and local management Adequate program support of peer counselors FNS’ goal is to ensure that all WIC State agencies operate their peer counseling programs from the same evidence-based foundation appropriate for the WIC environment. The model allows for flexibility based on State policy as long as the core components of the “<i>Loving Support</i>© Model” are met. 	<p>Handout: Assessment and Planning 1: “Loving Support© Model”</p>

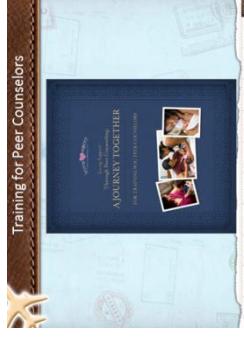
Facilitator Prompts – Manager Training

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 Research with WIC Programs	<p>Research with WIC Programs</p> <ul style="list-style-type: none"> As part of the original “Using Loving Support© to Implement Best Practices in Peer Counseling” project launched in 2004, research was conducted to identify successes and lessons learned. More than 125 in-depth interviews were conducted with WIC programs that provided peer counseling programs, those that did not, and those whose programs had been discontinued. Interviews were conducted with WIC peer counselors, as well as non-WIC programs that provide peer counseling services. The research phase included a thorough review of all known curriculum programs being used in both WIC and non-WIC settings. The objectives for the research were to better understand the perspectives of both management and direct services staff, and to learn what contributes to the success and demise of peer counseling programs. The key findings from the research formed the basis of the FNS “Loving Support© Model for a Successful Peer Counseling Program.” 	<p>Agencies With Successful Programs</p> <ul style="list-style-type: none"> Agencies that provided successful peer counseling programs had several factors that contributed to their success, including: <ul style="list-style-type: none"> Program leadership and support from management and local WIC staff Dedicated supervisors and program managers Standardized training programs that include the local WIC issues and policies, and educating WIC staff on breastfeeding support Clear guidance on scope of practice and referral networks Access to designated breastfeeding experts Adequate funding to maintain the program Methods to retain peer counselors for program stability
 Research with WIC Programs	<p>Agencies Without Peer Counseling Programs</p> <ul style="list-style-type: none"> Among those agencies that did not offer peer counseling programs, common concerns were: <ul style="list-style-type: none"> Having staff to manage the program Finding peer counselors within the community Gaining support needed among local staff Not having a training curriculum Forging partnerships in the community 	<p>Agencies Without Peer Counseling Programs</p> <ul style="list-style-type: none"> Among those agencies that did not offer peer counseling programs, common concerns were: <ul style="list-style-type: none"> Having staff to manage the program Finding peer counselors within the community Gaining support needed among local staff Not having a training curriculum Forging partnerships in the community

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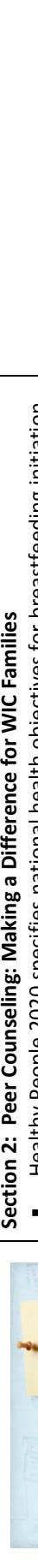
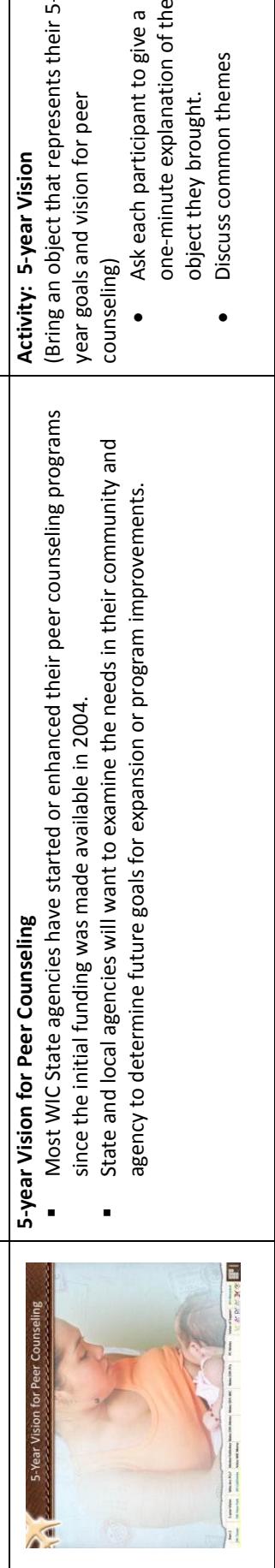
Slide	Main Messages	Activities and Handouts
 Research with WIC Programs	<p>Agencies that Discontinued Peer Counseling</p> <ul style="list-style-type: none"> WIC agencies that had discontinued their peer counseling programs shared common issues that contributed to their demise: <ul style="list-style-type: none"> Lack of funding to sustain the program Relying on volunteer peer counselors who did not stay with the program for long, causing many issues with turnover Programs that were implemented by a single breastfeeding “champion” without full buy-in from other WIC staff Failure to train local WIC staff to secure buy-in Lack of systems in place to train and supervise peer counselors Lack of dedicated supervisors specifically focused on providing mentoring and oversight to new peer counselors Lack of referral systems for peer counselors Lack of consistent contact guidelines for reaching new mothers Breastfeeding rates did not increase. 	<p>Discussion: Scenario: WIC agency discontinued its peer program due to difficulty devoting the 1-2 hours/week to supervise peer counselors, breastfeeding rates did not change, and mothers do not routinely call the peer counselors, leading to perception that the program is not working.</p>
 2011 WIC Agency Feedback	<p>Feedback sessions were conducted with WIC State and local leaders and staff.</p> <ul style="list-style-type: none"> Expert panel: conducted with experts in each FNS region Best practice interviews: with 13 State and local agencies from all FNS regions Survey: with 9 State WIC agencies representing all FNS regions General feedback from postings to WIC-Talk and WIC-BF-NET electronic listservs and communications to FNS regional offices Findings from this and Phase I study confirmed that the <i>Loving Support</i>© Model remains a strong framework in establishing and expanding peer programs. Additional findings for managing peer counseling programs: <ul style="list-style-type: none"> Provide mentoring opportunities for new programs Secure buy-in from all staff Include other WIC staff beyond peer counselors Establish a referral network with IBCLCs for high-risk problems Work to build IBCLC expertise from within the WIC staff Promote program successes and share best practices Additional recommendations for peer counselors: <ul style="list-style-type: none"> Train peer counselors on their scope of practice and reinforce Provide ongoing training and social interaction opportunities Minimize paperwork and documentation; include electronic options Develop social media guidelines Establish career path programs Train peer counselors to provide services in local hospitals 	<p>Handouts:</p> <ul style="list-style-type: none"> Assessment and Planning 2: Enhancing Existing Peer Counseling Programs Assessment and Planning 3: Planning a New Peer Counselor Program

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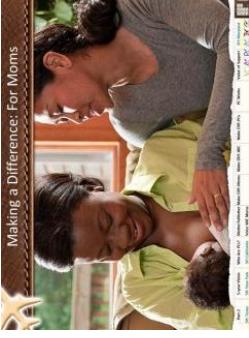
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<p>Training for Managers</p> 	<p>Training for Managers</p> <ul style="list-style-type: none"> ▪ “Loving Support© Through Peer Counseling: A Journey Together – for WIC Managers” is designed for State and local management staff. ▪ The curriculum provides information on how to implement, sustain, and expand peer counseling programs that will best meet the needs of WIC participants served by the agency. 	<p>Activities and Handouts</p>
<p>Training for Peer Counselors</p> 	<p>Training for Peer Counselors</p> <ul style="list-style-type: none"> ▪ “Loving Support© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors” is the training program for WIC peer counselors. ▪ This competency-based curriculum is designed to help introduce peer counselors to their role as part of the WIC team supporting new mothers, and to equip them with specific skills in counseling and breastfeeding management. ▪ Teach peer counselors that each new mother will be impacted by a variety of people who form a “Circle of Care” to surround new families with support. Peer counselors are a vital part of this important circle of care. ▪ The theme is a reminder of the journey that WIC agencies, local staff, and peer counselors make through peer counseling programs, and the personal journey peer counselors take as they grow new skills and become part of the WIC team. 	<p>Activities and Handouts</p>
<p>Curricula Package</p> 	<p>Curricula Package</p> <ul style="list-style-type: none"> ▪ Both curricula include PowerPoint presentations, handouts, video and audio clips, and comprehensive facilitator notes ▪ Each module includes speaker notes with instructions for all activities, ideas for alternative ways to conduct activities with varied sized audience groups, lists of materials needed, and discussion questions. ▪ The entire set of materials is provided in an electronic format and uploaded to the WIC Works Resource System. 	<p>Activities and Handouts</p>
<p>Questions</p> 	<p>Questions</p> <ul style="list-style-type: none"> ▪ This training is designed to provide practical solutions that have been used in other WIC agencies and are considered models for success. ▪ For agencies beginning a new program, this curriculum and the “Loving Support© Model” provide a framework for developing a research based program. For agencies already involved in implementing widespread peer counseling programs, this curriculum will assist in training new State and local agency management staff and expanding programs. 	<p>Activities and Handouts</p>

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Section 2: Peer Counseling: Making a Difference for WIC Families

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	<p>Section 2: Peer Counseling: Making a Difference for WIC Families</p> <ul style="list-style-type: none"> Healthy People 2020 specifies national health objectives for breastfeeding initiation and duration. Breastfeeding rates among WIC mothers are lower than the national average, with 67.5% of WIC mothers initiating breastfeeding compared to 84.6% of mothers who are not eligible for WIC. WIC mothers continue breastfeeding at a rate of 33.7% (6 months) and 17.5% (12 months) compared to 54.2% and 27.6% among mothers ineligible for WIC. The 2011 Surgeon General's "Call to Action to Support Breastfeeding" calls for strengthening programs that include peer counseling as an evidence-based strategy. <ul style="list-style-type: none"> Create and maintain a sustainable infrastructure for mother-to-mother support programs and for peer counseling programs in hospitals and community health care settings. Establish peer counseling as a core service available to all women in WIC. 	
	<p>5-year Vision for Peer Counseling</p> <ul style="list-style-type: none"> Most WIC State agencies have started or enhanced their peer counseling programs since the initial funding was made available in 2004. State and local agencies will want to examine the needs in their community and agency to determine future goals for expansion or program improvements. 	<p>Activity: 5-year Vision (Bring an object that represents their 5-year goals and vision for peer counseling)</p> <ul style="list-style-type: none"> Ask each participant to give a one-minute explanation of the object they brought. Discuss common themes
	<p>Who Are Breastfeeding Peer Counselors?</p> <ul style="list-style-type: none"> Peer counselors are generally women in the community with personal breastfeeding experience who provide information and support to WIC mothers. Peer counselors help prevent and manage common breastfeeding concerns and become a valuable source of support and encouragement to mothers. Peer counselors form important links to health services in the community. 	

Facilitator Prompts – Manager Training

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 <p>The Power of Mother-to-Mother Connection</p> <ul style="list-style-type: none"> ▪ It is human nature to seek out people who share our experiences. ▪ Women, in particular, tend to deal with stress by talking about it and often seek other women who have had similar experiences. ▪ This can be even more important when women face the challenge of being a new parent, especially for the first time. ▪ Research with WIC mothers has shown that women value three primary sources of influence in making their infant feeding decisions: <ul style="list-style-type: none"> • Their own mother • Trusted friends • Their own intuition ▪ When women do not have support from important people in their lives, they can feel discouraged and discontinue breastfeeding. ▪ Peer counselors can help overcome influences that encourage formula use. 	<p>Video: <i>Support/Peer Support/Peer Counselors</i></p> <p>Peer Counselors</p>	
 <p>Making a Difference: For Moms</p> <ul style="list-style-type: none"> ▪ Peer counselors are in a pivotal position of trust with new mothers; they are someone with whom mothers can relate and feel comfortable sharing concerns. ▪ They serve as a model for what breastfeeding can be like. ▪ They help mothers prevent and manage common problems. ▪ Peer counselors do not replace the care of other health care professionals. ▪ Studies show that a woman's ability to initiate and sustain breastfeeding is strongly influenced by the community in which she lives and her social network. ▪ Peer counselors are distinctive from health care professionals, even if they are also mothers. ▪ Peer counselors reinforce breastfeeding recommendations by health care professionals in a socially and culturally appropriate context. ▪ This aspect of lay support for normalizing breastfeeding contributes to increases in breastfeeding rates. 	<p>Making a Difference: For WIC Agencies</p> <ul style="list-style-type: none"> ▪ Peer counselors are a valuable part of the WIC team, making referrals to WIC and promoting breastfeeding support available in the WIC Program. ▪ As an adjunct to the breastfeeding support offered at WIC, peer counselors extend the care of local WIC clinic staff since they may have the time to delve more deeply into the barriers and issues of new moms. ▪ Peer counselors are available to WIC mothers beyond the usual clinic hours and outside the WIC clinic environment. They extend WIC breastfeeding services to the times when mothers need it most. 	
 <p>Making a Difference: For WIC Agencies</p>		

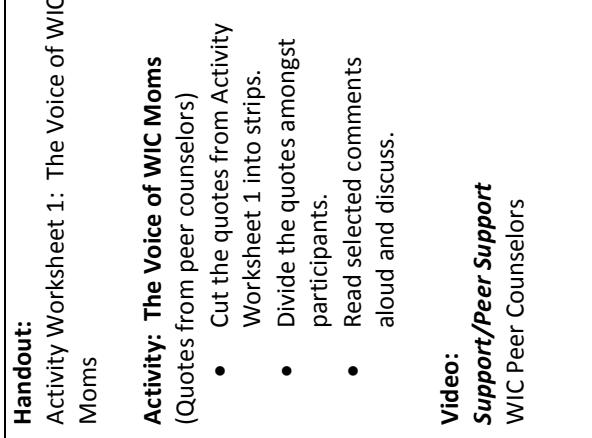
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 Making a Difference: For Peer Counselors <ul style="list-style-type: none"> Some WIC peer counselors say their work as a peer counselor has transformed their image of themselves and, therefore, transformed their lives. For many, it may be their first paid job. Peer counselors learn job skills and what it means to work as part of a health care team. They increase knowledge about breastfeeding, which helps in their own life as well as the lives of mothers they help Peer counselors have reported that their own personal breastfeeding duration is lengthened as they learn more about the importance of breastfeeding, and as they enjoy the support for breastfeeding within the WIC Program 	<p>Making a Difference: For Peer Counselors</p> <ul style="list-style-type: none"> Some WIC peer counselors say their work as a peer counselor has transformed their image of themselves and, therefore, transformed their lives. For many, it may be their first paid job. Peer counselors learn job skills and what it means to work as part of a health care team. They increase knowledge about breastfeeding, which helps in their own life as well as the lives of mothers they help Peer counselors have reported that their own personal breastfeeding duration is lengthened as they learn more about the importance of breastfeeding, and as they enjoy the support for breastfeeding within the WIC Program 	<p>Handout: Activity Worksheet 2: Research on Peer Support Programs</p> <p>Activity: Research (Reviewing research briefs about peer counseling)</p> <ul style="list-style-type: none"> Ask each small group or pair to review a research abstract and develop a true/false question. Quiz the rest of the group. Discuss answers.
 Peer Counseling WORKS <ul style="list-style-type: none"> A systematic review of peer support programs shows that peer counselors have a significant effect on increasing rates of breastfeeding initiation, duration, and exclusivity. This effect is especially noticeable among low-income populations served by WIC. The U.S. Preventive Task Force provided a meta-analysis of 38 randomized control trials that met their study criteria of breastfeeding interventions. They concluded that lay support interventions that include peer support significantly increase the rate of any breastfeeding by 22%, and exclusive breastfeeding by 65%. Peer counseling programs are a key strategy to enhance WIC and community breastfeeding promotion interventions to increase breastfeeding support for WIC mothers. 	<p>Peer Counseling WORKS</p> <ul style="list-style-type: none"> A systematic review of peer support programs shows that peer counselors have a significant effect on increasing rates of breastfeeding initiation, duration, and exclusivity. This effect is especially noticeable among low-income populations served by WIC. The U.S. Preventive Task Force provided a meta-analysis of 38 randomized control trials that met their study criteria of breastfeeding interventions. They concluded that lay support interventions that include peer support significantly increase the rate of any breastfeeding by 22%, and exclusive breastfeeding by 65%. Peer counseling programs are a key strategy to enhance WIC and community breastfeeding promotion interventions to increase breastfeeding support for WIC mothers. 	<p>Handout: Activity Worksheet 2: Research on Peer Support Programs</p> <p>Activity: Research (Reviewing research briefs about peer counseling)</p> <ul style="list-style-type: none"> Ask each small group or pair to review a research abstract and develop a true/false question. Quiz the rest of the group. Discuss answers.
 Value of Support <ul style="list-style-type: none"> Barriers to breastfeeding exclusivity and duration are well documented in the research. Common themes: perceived lack of milk, pain, difficulties getting baby to latch, returning to work or school, lack of education and support, lack of confidence. Low-income women are particularly vulnerable to breastfeeding barriers. Peer counseling services may help overcome the negative influences of those who encourage formula use. 	<p>Value of Support</p> <ul style="list-style-type: none"> Barriers to breastfeeding exclusivity and duration are well documented in the research. Common themes: perceived lack of milk, pain, difficulties getting baby to latch, returning to work or school, lack of education and support, lack of confidence. Low-income women are particularly vulnerable to breastfeeding barriers. Peer counseling services may help overcome the negative influences of those who encourage formula use. 	

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 Showcase: Maryland WIC	<p>Showcase: Maryland WIC</p> <ul style="list-style-type: none"> “Showcases” are based on interviews with variety of WIC agencies and includes ideas and suggestions for peer counseling activities to be considered. Maryland WIC conducted a formal study of the impact of peer counselors in increasing breastfeeding rates, and found that peer counseling programs are particularly effective in reaching the most economically vulnerable women. Maryland WIC uses FNS standardized training program and probationary period of mentoring and observation. Peer counselors make contacts upon referral, with more frequent contacts close to due date and early postpartum period. Results of the study showed that mothers in peer counseling agencies were more likely to breastfeed compared with those in the “standard care” groups receiving basic education and support from WIC staff. WIC participants who are exclusively breastfeeding are more likely to wait 30 days after baby’s birth to become certified; however, those with peer counselor support are more likely to certify within 14 days. 	
 Showcase: Texas WIC	<p>Showcase: Texas WIC</p> <ul style="list-style-type: none"> The Texas WIC program, which has had a long-standing peer support program, has been collecting data on the effectiveness of peer counseling for many years. State data consistently shows an association between having peer counselors and increases in both initiation and duration. Texas 2009 survey data indicate: <ul style="list-style-type: none"> Mothers who met with a peer counselor during pregnancy had an initiation rate of 74.5%, with 43.4% continuing to breastfeed past 3 months, and 15.9% breastfeeding exclusively to 3 months. Initiation was 80.2% among mothers who received a visit from their peer counselor in the hospital, with 55.7% of these mothers breastfeeding past 3 months and 19.4% exclusively breastfeeding to 3 months. 	
 Showcase: New York WIC	<p>Showcase: New York WIC</p> <ul style="list-style-type: none"> New York WIC has an extensive peer counseling program in which 100% of their local agencies have peer counselors. Their 2009 survey showed: <ul style="list-style-type: none"> 72% of peer counselors work outside regular clinic hours. 42% of the agencies have peer counselors visiting moms in the hospital. 28% of agencies allow peer counselors to make home visits. The breastfeeding rates are significantly higher among women who receive care from a peer counselor. In 2010, 72.4% of all WIC women initiated breastfeeding, whether or not they had a peer counselor. However, the initiation rate was 86% among mothers who received care from a peer counselor. 	

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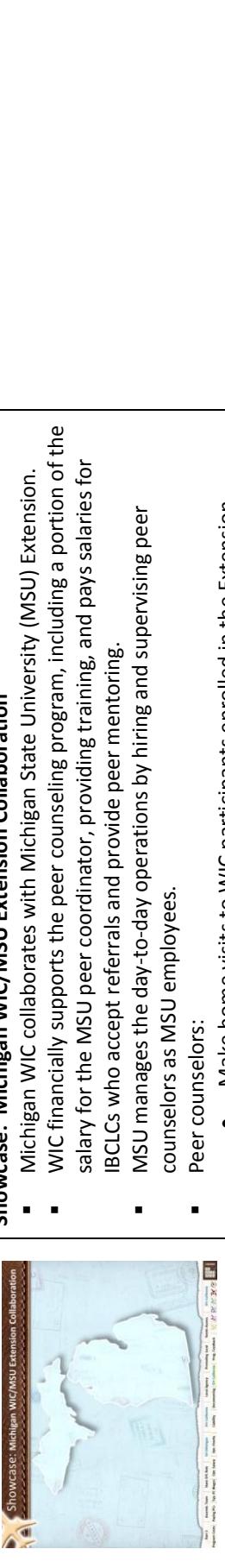
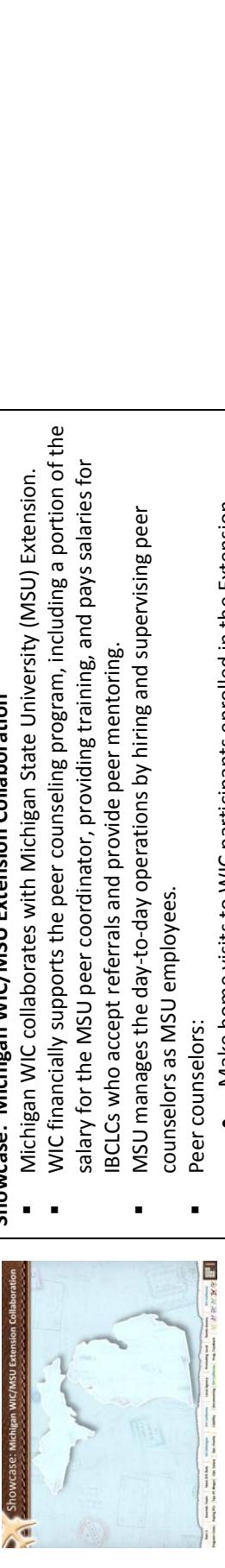
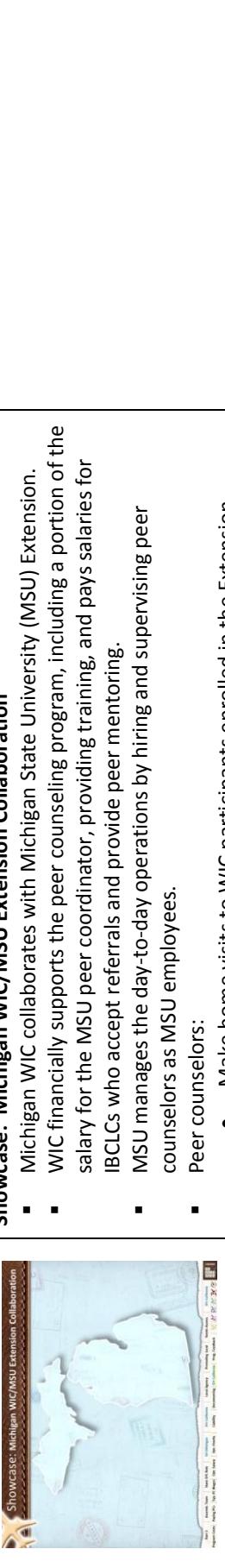
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 <p>Showcase: California WIC</p> <ul style="list-style-type: none"> The California Public Health Foundation Enterprises (PHFE) WIC initiated a peer counselor program in Southern California in 2005. Six month averages for exclusive breastfeeding were higher in sites with peer counselors compared to sites providing usual care. 	<p>Showcase: California WIC</p> <ul style="list-style-type: none"> The California Public Health Foundation Enterprises (PHFE) WIC initiated a peer counselor program in Southern California in 2005. Six month averages for exclusive breastfeeding were higher in sites with peer counselors compared to sites providing usual care. 	<p>Handout: Activity Worksheet 1: The Voice of WIC Moms</p> <p>Activity: The Voice of WIC Moms (Quotes from peer counselors)</p> <ul style="list-style-type: none"> Cut the quotes from Activity Worksheet 1 into strips. Divide the quotes amongst participants. Read selected comments aloud and discuss. <p>Video: <i>Support/Peer Support</i> WIC Peer Counselors</p>
 <p>The Voice of WIC Moms</p> <ul style="list-style-type: none"> The success of peer counseling programs can be measured in rates of breastfeeding, as well as in the lives of WIC participants themselves. WIC participants' breastfeeding experiences may dramatically change because a peer counselor was there for them when they needed it most. 	<p>The Voice of WIC Moms</p> <ul style="list-style-type: none"> The success of peer counseling programs can be measured in rates of breastfeeding, as well as in the lives of WIC participants themselves. WIC participants' breastfeeding experiences may dramatically change because a peer counselor was there for them when they needed it most. 	<p>Handout: Activity Worksheet 1: The Voice of WIC Moms</p> <p>Activity: The Voice of WIC Moms (Quotes from peer counselors)</p> <ul style="list-style-type: none"> Cut the quotes from Activity Worksheet 1 into strips. Divide the quotes amongst participants. Read selected comments aloud and discuss. <p>Video: <i>Support/Peer Support</i> WIC Peer Counselors</p>

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Section 3: Program Planning

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	<p>Program Planning</p> <ul style="list-style-type: none"> Successful peer counseling programs do not just “happen.” They occur when State and local agencies plan for success by assembling a supportive team and fashioning a program that addresses the needs of WIC mothers and support of peer counselors. State agencies are required to develop implementation plans demonstrating all of the components of the “<i>Loving Support® Model</i>” are in place. Periodically revisiting plans helps agencies re-identify goals and objectives and detailed plans, strategies, and actions to achieve them. This section examines researched best practices for a successful program. <p>Assembling the Team</p> <ul style="list-style-type: none"> Programs that run smoothly have designated positions for peer counselor program oversight at both the State and local levels. A designated position means that positions are established with specific responsibilities for program oversight, and the persons in those positions have the express responsibility for that oversight. When possible, FNS highly recommends that the program be coordinated by a designated coordinator rather than staff with other duties. Designated positions help assure policies are being followed and needs are met. The amount of time needed depends on number of peer counselors, job settings, and other factors. 	<p>Handout: Assessment and Planning 1: <i>FNS Loving Support® Model</i></p> <p>Job Description 1: Local WIC Agency Peer Counselor Coordinator/Supervisor</p> <p>Job Description 2: State WIC Peer Counselor Coordinator/Manager</p>
	<p>Role of the State Office</p> <ul style="list-style-type: none"> The State office provides overarching support by <ul style="list-style-type: none"> Establishing designated positions. Help with planning a new program or expanding an existing one. Sharing best practices from other agencies. Gives guidance on how to budget. Secures and provides resources and funding, and monitors the budget. Provides training. Providing oversight. Providing support and guidance to local agencies. Establishes standardized policies to assure the “<i>Loving Support® Model</i>” is being followed and agencies have the support they need. Being available for technical support. Research shows that State office support/standards improve chance of success. 	

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	<p>Showcase: Michigan WIC/MSU Extension Collaboration</p> <ul style="list-style-type: none"> Michigan WIC collaborates with Michigan State University (MSU) Extension. WIC financially supports the peer counseling program, including a portion of the salary for the MSU peer coordinator, providing training, and pays salaries for IBCLCs who accept referrals and provide peer mentoring. MSU manages the day-to-day operations by hiring and supervising peer counselors as MSU employees. Peer counselors: <ul style="list-style-type: none"> Make home visits to WIC participants enrolled in the Extension Program. Work collaboratively in the community. Are covered under the MSU liability plan and generous benefit package. 	
	<p>Showcase: California WIC Program Mentoring</p> <ul style="list-style-type: none"> The California WIC State Agency has established a peer support mentoring program to allow agencies with more experience to mentor agencies just beginning or expanding programs. “Star” agencies with successful programs are identified and serve as mentors. During management training, “star” agencies attend with new agencies to share successes, answer questions, and build relationships. Following the training, new agencies visit their “star” agency and the mentoring agency visits the new agency to provide guidance and assistance. Ongoing contacts and communication occur for up to six months. 	
	<p>Role of the Local Agency</p> <ul style="list-style-type: none"> The local agency implements the peer counseling program in the following ways: <ul style="list-style-type: none"> Designate personnel to coordinate the program and supervise staff. Identify a WIC designated breastfeeding expert for each local clinic. Promote the program with WIC participants and the community. Recruit and hire staff. Provide day-to-day supervision. Engage community partners. Report required data. A designated coordinator may be hired to manage the program at the local level. This person is often a WIC local agency breastfeeding coordinator, nutritionist, or lactation consultant. 	

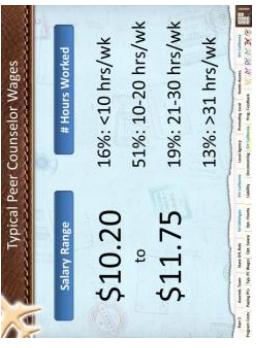
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Slide	Main Messages	Activities and Handouts
 Promoting the Program with Local Agencies	<p>Promoting the Program with Local Agencies</p> <ul style="list-style-type: none"> ▪ Most WIC agencies believe it is crucial to build buy-in and support from local WIC staff before beginning a new peer counseling program. Discuss: <ul style="list-style-type: none"> • Importance of peer counseling in increasing breastfeeding rates and providing support to WIC participants. • Ways to support peer counselors to keep them engaged. • Federal and State requirements, including "Loving Support© Model" • Local agency or clinic policies that ensure success. • Methods for assuring that peer counselors will be paid in a timely way. ▪ Address key barriers, including: <ul style="list-style-type: none"> • Concerns over continued funding. • Lack of staff for administering the program. • Lack of knowledge about how to implement a program. • Need for approval from county commissioners or board of health. • Lack of comfort with and knowledge about supervision of paraprofessional staff. • Lack of knowledge about the importance of breastfeeding. ▪ Peer support programs are an enhancement to the team by expanding breastfeeding program services. 	<p>Resource: PowerPoint presentation, "Peer Counseling: Making a Difference for WIC Families"</p> <p>Activity: Discussion (Scenario: promoting a program with a local agency that is not interested in peer counseling)</p> <ul style="list-style-type: none"> • Ask trainees to imagine the scenario and identify potential barriers and stakeholders to approach. • Discuss information and approaches to share with management to convince them of the need for a peer counseling program.
Agency Recommendations	<p>Agency Recommendations</p> <ul style="list-style-type: none"> ▪ Expand slowly, taking time to work out kinks before widespread implementation. ▪ Expand first to agencies most eager to begin peer counseling. ▪ Use successful local agencies as models to show how the program can work. ▪ Approach upper management first to gain buy-in. ▪ Improve fiscal management staff from the beginning. ▪ Share best practices among other agencies. ▪ Show the history of success with peer counseling. ▪ Training is critical. ▪ Remember it takes time to build a new program. Be patient and talk with others to learn from their successes. ▪ Watch the program blossom. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Conducting a Needs Assessment</p> <ul style="list-style-type: none"> ▪ Consider staff needs, available resources, needs of WIC participants, and gaps in services within both WIC and the community. ▪ Things to consider: <ul style="list-style-type: none"> • Identify needs of the target population of WIC mothers • Assess general community support and resources • Consider availability of baseline data that can be used to evaluate the program's success at the State and/or local levels. 	<p>Conducting a Needs Assessment</p> <ul style="list-style-type: none"> ▪ Consider staff needs, available resources, needs of WIC participants, and gaps in services within both WIC and the community. ▪ Things to consider: <ul style="list-style-type: none"> • Identify needs of the target population of WIC mothers • Assess general community support and resources • Consider availability of baseline data that can be used to evaluate the program's success at the State and/or local levels. 	
 <p>Showcase: California Community Assessment</p>	<p>Showcase: California Community Assessment</p> <ul style="list-style-type: none"> ▪ California WIC has developed a model assessment program in which agencies establishing peer counseling programs must identify their progress at achieving evidence-based practices based on internal indicators and external gaps in community services. ▪ California Community Assessment Forms were developed by the University of California-Davis Lactation Center as self- and community appraisal tools. ▪ In California, before local agencies receive funding from the State to begin or continue peer counseling programs, they must complete the Community Assessment Form. ▪ Once gaps are identified the local agency must develop a plan to show how their program structure will address the identified needs. ▪ Regional Breastfeeding Liaisons (RBLs) [paid through NSA funding] are hired to work in the community to address gaps and promote the peer counseling program. 	<p>Showcase: California Community Assessment</p> <ul style="list-style-type: none"> ▪ California WIC has developed a model assessment program in which agencies establishing peer counseling programs must identify their progress at achieving evidence-based practices based on internal indicators and external gaps in community services. ▪ California Community Assessment Forms were developed by the University of California-Davis Lactation Center as self- and community appraisal tools. ▪ In California, before local agencies receive funding from the State to begin or continue peer counseling programs, they must complete the Community Assessment Form. ▪ Once gaps are identified the local agency must develop a plan to show how their program structure will address the identified needs. ▪ Regional Breastfeeding Liaisons (RBLs) [paid through NSA funding] are hired to work in the community to address gaps and promote the peer counseling program.
 <p>Program Costs</p>	<p>Program Costs</p> <ul style="list-style-type: none"> ▪ Management costs may include: <ul style="list-style-type: none"> • Wages for program coordinators, supervisors, and trainers. • Program materials and documentation forms. ▪ Peer counseling costs may include: <ul style="list-style-type: none"> • Wages and travel reimbursements. • Cell phones, text messaging plans, and other electronic services. • Training materials and educational resources. ▪ Budgets vary depending on many factors, including geographic setting, # of peer counselors needed, equipment needed, availability of IBCLCs, practice settings, documentation and data services needed, and training needs. 	<p>Program Costs</p> <ul style="list-style-type: none"> ▪ Management costs may include: <ul style="list-style-type: none"> • Wages for program coordinators, supervisors, and trainers. • Program materials and documentation forms. ▪ Peer counseling costs may include: <ul style="list-style-type: none"> • Wages and travel reimbursements. • Cell phones, text messaging plans, and other electronic services. • Training materials and educational resources. ▪ Budgets vary depending on many factors, including geographic setting, # of peer counselors needed, equipment needed, availability of IBCLCs, practice settings, documentation and data services needed, and training needs.

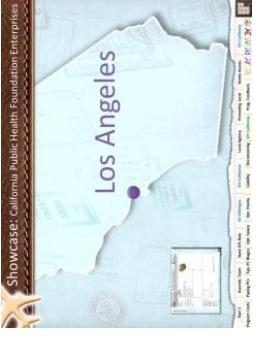
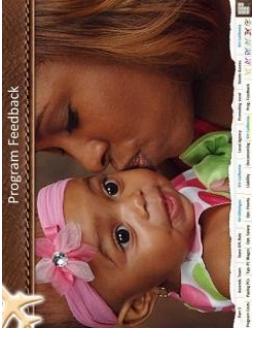
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts				
Paying Peer Counselors 	<p>Paying Peer Counselors</p> <ul style="list-style-type: none"> Paying peer counselors (and doing so in a timely manner) is instrumental to retention and overall sustainability of the program. Paying peer counselors attracts qualified candidates, communicates the value of the position, gains full dedication and commitment from peer counselors, and improves retention. It also legitimizes the role of peer counselors within the WIC system. WIC agencies that formerly used volunteer positions had extremely high turnover rates. Many felt that not paying peer counselors sent a message to WIC staff that the job is not important, leading to discontinuity of care and services and an ultimate demise of the program. 	<p>Handout: Assessment and Planning 1: FNS Living Support© Model</p>				
Typical Peer Counselor Wages 	<p>Typical Peer Counselor Wages</p> <table border="1"> <thead> <tr> <th>Salary Range</th> <th># Hours Worked</th> </tr> </thead> <tbody> <tr> <td>\$10.20 to \$11.75</td> <td>16%: <10 hrs/wk 51%: 10-20 hrs/wk 19%: 21-30 hrs/wk 13%: >31 hrs/wk</td> </tr> </tbody> </table>	Salary Range	# Hours Worked	\$10.20 to \$11.75	16%: <10 hrs/wk 51%: 10-20 hrs/wk 19%: 21-30 hrs/wk 13%: >31 hrs/wk	<p>The peer counseling Phase I study found that most WIC agencies pay their peer counselors the same hourly rate typical for other entry level WIC staff. In 2010, the average salary for peer counselors was between \$10.20 and \$11.75 per hour.</p> <ul style="list-style-type: none"> The Phase I study further found that the number of hours varies by the agency and their needs, with: <ul style="list-style-type: none"> 16% work less than 10 hours/week 52% work 10-20 hours/week 19% work 21-30 hours/week 13% work more than 31 hours/week Some agencies also provide benefits such as paid sick leave, holiday leave, health insurance, life insurance, and disability.
Salary Range	# Hours Worked					
\$10.20 to \$11.75	16%: <10 hrs/wk 51%: 10-20 hrs/wk 19%: 21-30 hrs/wk 13%: >31 hrs/wk					
Personnel Options: Salaried Employees 	<p>Personnel Options: Salaried Employees</p> <ul style="list-style-type: none"> Benefits: <ul style="list-style-type: none"> May be entitled to benefit programs and promotional raises Liability coverage may be available Disadvantages: <ul style="list-style-type: none"> May be more difficult to gain authorization for new positions. Lead-time to fill vacancies may be too long to meet local agency needs. There may be less flexibility in terminating or reassigning staff. The county legislature may need to approve hiring staff. Layoffs in State positions may apply to peer counseling positions. Being part of the State or local agency personnel system may limit when and where the peer counselor can work, and may make it more difficult to be available outside regular clinic hours. 					

Facilitator Prompts – Manager Training

Slide	Personnel Options: Hourly, Part-Time Contractors	Main Messages
Activities and Handouts		
 <p>Personnel Options: Hourly, Part-Time Contractors</p>	<ul style="list-style-type: none"> ▪ Benefits <ul style="list-style-type: none"> • May have greater flexibility in staffing peer counselors to work from home and after hours. • Being paid based on the jobs they complete enables the agency to expand staff to accommodate workload demands as they change. • Peer counselors can set their own hours to fit family schedules. • Hiring and terminating employees is easier an avoids service disruption. • Partnerships with community organizations could help share costs. • Some agencies use temp services to manage payroll. ▪ Disadvantages <ul style="list-style-type: none"> • Liability coverage and benefits may not extend to contractors. • State contractual authority may be limited or nonexistent. • Peer counselors may not be viewed as part of the WIC team by staff. 	<p>Liability</p> <ul style="list-style-type: none"> ▪ “Liability” means legal responsibility to another person because of one’s actions or failure to act appropriately. A liability insurance policy is often taken out to protect the agency and/or employees; sometimes peer counselors are included. ▪ State, territory, and tribal laws vary considerably regarding liability coverage. ▪ Liability policies for WIC agencies may or may not include coverage for hospital and home visits. Some hospitals require proof of liability coverage for peer counselors. ▪ Many WIC agencies have found that liability concerns are not insurmountable if peer counselors follow their defined scope of practice, receive close supervision and mentoring from supervisors, and have access to breastfeeding experts. ▪ Ways to reduce the risk of liability: <ul style="list-style-type: none"> • Communicate job expectations clearly to peer counselors. • Train peer counselors (initial and ongoing). • Train on their scope of practice and review regularly. • Provide a system for accessing breastfeeding experts. • Provide designated supervisors who provide regular, systematic contacts with peer counselors. • Provide ongoing guidance and supervision. • Create a system to regularly monitor contacts and counseling given. • Maintain accurate records of all client contacts. • Require peer counselors to sign a “Confidentiality Agreement.”

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Program Documentation</p>	<p>Program Documentation</p> <ul style="list-style-type: none"> State and local agencies should establish systems for peer counselors to document their contacts with WIC mothers, and to collect ongoing program feedback. Many WIC agencies provide hard copy documentation forms that peer counselors complete for each mother they are following. These forms provide an easy place to record key information about the mother and baby, type of contact, and topics discussed. Other agencies use web-based options to track contacts. Some states report that electronic documentation and tracking is favored by peer counselors, and enables them to spend less time documenting and more time talking with mothers. 	<p>Handout: Report Form 1: Sample Peer Counselor Contact Log</p>
 <p>Showcase: California Public Health Foundation Enterprises</p>	<p>Showcase: California Public Health Foundation Enterprises</p>	<p>Handout: Assessment and Planning 7: California PHFE Peer Counselor Database</p>
 <p>Program Feedback</p>	<p>Program Feedback</p> <ul style="list-style-type: none"> As part of its ongoing feedback, State and local WIC agencies should routinely collect data to assure that the program is meeting the needs of participants. Questions about the program can be added to standard participant surveys. 	

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Section 4: Program Development and Implementation

Slide	Main Messages	Activities and Handouts
 <p>Program Development and Implementation</p> <ul style="list-style-type: none"> Using State level policies, training, and support, local agencies should implement a program that meets the needs of their mothers and the WIC community. This includes examining the management of a program at the local level and policies that will be needed, gaining staff buy-in and support, establishing community partnerships, and promoting the program. 		
 <p>Local Program Management</p> <ul style="list-style-type: none"> Most programs at the local level are managed by a WIC local agency peer counselor coordinator, breastfeeding coordinator, or lactation consultant. Nutrition Service Standards recommendations for local level staff who coordinate breastfeeding promotion and support activities include the qualification of at least 1 year of experience in counseling women about how to breastfeed successfully, and participation in a State-approved training in lactation management. Being credentialed as an IBCLC or holding other lactation training certificates brings the program into “best practice” status. In addition to program coordinators, local agencies will identify supervisors to provide oversight to the peer counselors’ daily activities. 		<p>Handout: Assessment and Planning 8: Solutions to Common challenges with Peer Counseling Programs Staffing and Supervision 1: Confidentiality Agreement</p>
 <p>Clinic Policies</p> <ul style="list-style-type: none"> Address common challenges of local agencies and offer solutions. <ul style="list-style-type: none"> Working from home: Maintaining confidentiality Bringing babies to the WIC clinic Providing cell phones Other policies (documenting in the patient charts; social media policies, appropriate dress in the clinic, attendance at staff meetings) 		<p>1</p>

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Setting up a Referral System</p>	<p>Setting up a Referral System</p> <ul style="list-style-type: none"> A referral system (within WIC clinic and community settings) helps extend peer counselor coverage to new moms with timely and appropriate follow-up. Referrals can be given through monthly printouts of new certifications of pregnant women (for low-risk clients), direct referrals while seeing clients in the clinic, or phone call referrals. A referral system with local providers will help close the gap in services once mothers leave the hospital. 	
 <p>Local Agency Support</p>	<p>Local Agency Support</p> <ul style="list-style-type: none"> Local agency support and buy-in is critical to the success of a peer counseling program. Support helps reduce turnover rates because it creates a climate where peer counselors feel valued as members of the WIC team. WIC clients are discouraged when they receive contradictory information. Training WIC staff to give consistent information helps build continuity. Support can include training staff in breastfeeding management, making local clinics breastfeeding-friendly, and welcoming peer counselors as part of the WIC team. 	<p>Handout: Assessment and Planning 9: Peer Counselor Program Self-Evaluation</p> <p>Resource: PowerPoint: Peer Counselors: Making a Difference for WIC Families</p>
 <p>Ways to Gain Local Agency Buy-In</p>	<p>Ways to Gain Local Agency Buy-in</p> <ul style="list-style-type: none"> People support what they help create. Plan to involve agency and clinic staff with planning and executing the program. Show how peer counseling will make a difference. Discuss keys to breastfeeding program success (including mentoring and supervision programs from dedicated positions, training of peer counselors, giving them access to referral sources, and assuring appropriate contact guidelines). Share the Surgeon General's <i>Call to Action to Support Breastfeeding</i>. Provide options, using best practice models that showcase strategies. Explain the rationale for policies such as bringing baby to the clinic or being able to work beyond the WIC clinic settings and hours. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 Build a Breastfeeding-friendly Clinic	<ul style="list-style-type: none"> ▪ Support the work of your peer counselors by creating a breastfeeding-friendly environment that welcomes WIC mothers and encourages breastfeeding. ▪ Make peer counselors visible and available at WIC clinics so they can meet other WIC staff and build a strong team of support. ▪ Examine the clinic environment to be sure mothers receive positive messages about the importance of breastfeeding. 	<p>Handout: Assessment and Planning 1: FNS Loving Support© Model</p>
 Ensure Access to Lactation Experts	<ul style="list-style-type: none"> ▪ Peer counselors operate under a narrow scope of practice that focuses on basic breastfeeding information and support. ▪ Peer counselors should never be asked to handle complex breastfeeding situations that require follow-up from a health professional skilled in lactation management. [Section 6, <i>Scope of Practice</i>, gives more details.] ▪ Each clinic must establish a WIC Designated Breastfeeding Expert to accept referrals of mothers experiencing complex issues outside the scope of a peer counselor. This person should be a credentialed IBCLC or other professional with expertise in lactation. Options: <ul style="list-style-type: none"> • Hire IBCLCs as salaried employees or contractors • Partner with a local hospital • Grow your own IBCLCs from within WIC staff or through a career path program for peer counselors 	
 Showcase: Houston Local Agency		<p>Showcase: Houston Local Agency</p> <ul style="list-style-type: none"> ▪ At Local Agency #17 in Houston, TX, the breastfeeding coordinator is an IBCLC available to accept referrals and conducts electronic breastfeeding consultations using free Skype™, webcam, and smart phone applications. ▪ The agency believes the program works well, with the IBCLC providing the same consultation services she would as if she were in the physical presence of the mother or consulting through phone. ▪ Mothers sign an electronic consent form, and a peer counselor or staff person is present with the mother in the clinic or home setting. ▪ The IBCLC has been able to assist with many problems such as sore nipples, poor positioning and latch, milk production concerns, breast reduction surgery, etc. ▪ The agency reports that both moms and staff are comfortable with the technology.

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 Conduct Staff Training in Breastfeeding	<p>Conduct Staff training in Breastfeeding</p> <ul style="list-style-type: none"> Conduct training with all levels of WIC staff so that consistent messages will be given to new mothers and appropriate and timely referrals will be made. Include clerical staff and other “first responders” when mothers call with breastfeeding problems or to request formula. The FNS curriculum, “Using Loving Support™ to Grow & Glow in WIC: Breastfeeding Training for WIC Staff” is available at WIC Works. The online educational resource “Breastfeeding Basics,” is also available at WIC Works. 	<p>Resource:</p> <p>PowerPoint: Peer Counseling: Making a Difference for WIC Families</p>
 Conduct Program Orientation	<p>Conduct Program Orientation</p> <ul style="list-style-type: none"> In addition to staff training in breastfeeding, orient staff to the peer counseling program using the PowerPoint: “Peer Counseling: Making a Difference for WIC Families.” This orientation helps clinic staff understand the importance of peer counseling and their role in supporting the program to assure success. Use this time to address a referral plan and how the program will be promoted with WIC participants. Peer counselors do not work in a vacuum, and need support, as well. Local clinic staff continue to give accurate and positive information about breastfeeding; peer counselors complement their counseling and role. 	
 Address Staff Concerns	<p>Address Staff Concerns</p> <ul style="list-style-type: none"> <i>Lack of professional status:</i> a “peer” is someone who is from the population served. <i>Lack of previous work experience:</i> supervisor will work with peer counselors to guide and build professional development and job skills; patience helps. <i>Work settings and nonstandard hours beyond the WIC clinic:</i> being available to participants beyond the WIC hours helps assure more prompt assistance. <i>Bringing baby to work:</i> peer counselors serve as a model for WIC moms. Peer counselors will be trained in these and other issues as part of their “Journey Together” training. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Community Partnerships: Health Care Providers</p>	<p>Community Partnerships: Health Care Providers</p> <ul style="list-style-type: none"> Community support can help mothers overcome their barriers to breastfeeding. Potential partnerships can be formed with: <ul style="list-style-type: none"> Hospitals <ul style="list-style-type: none"> -Critical weaning period for breastfeeding mothers tends to be first two weeks postpartum, with 25% of women discontinuing by 2 months. Private clinics <ul style="list-style-type: none"> -Provide information to local providers about your agency's peer counseling program and the scope of practice for peer counselors. -Train peer counselors in how to make appropriate referrals. Home visiting programs <ul style="list-style-type: none"> -Home visiting staff can make referrals to peer counselors and may allow them to accompany them on home visits with new mothers. 	<p>Handout: Assessment and Planning 1: FNS Loving Support© Model</p>
 <p>Community Partnerships: Breastfeeding Community</p>	<p>Community Partnerships: Breastfeeding Community</p> <ul style="list-style-type: none"> State and local breastfeeding task forces, coalitions, and lactation consultant chapters are valuable partners to serve as referral sources and to assist with training peer counselors. IBCLCs are credentialed lactation consultants skilled in helping mothers experiencing breastfeeding problems or who have special risks. La Leche League is an international mother-to-mother support program in some areas that can assist mothers who do not meet WIC's income eligibility requirements. Local leaders may also be available to provide training or assist with promoting the program. 	
 <p>Community Partnerships: Community</p>	<p>Community Partnerships: Community</p> <ul style="list-style-type: none"> Community organizations that reach the same target population as WIC can also be valuable partners. This can include Early Head Start, minority health organizations, teen pregnancy centers, parenting groups, and child care providers. Some peer counselors establish relationships with community businesses to promote breastfeeding-friendly worksites. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts	
 <p>Showcase: Houston Local Agency #26</p>	<p>Showcase: Houston Local Agency #26</p> <ul style="list-style-type: none"> The Houston Local Agency 326 has developed a strong hospital-based peer counseling program. The agency established a memorandum of understanding with a local hospital, which soon expanded to a second and a third hospital. Hospitals treat WIC peer counselors as volunteers who go through the same orientation as other hospital volunteers. Peer counselors shadow the IBCLC on staff and complete a probationary period to assure competence. Peer counselors provide basic support to new mothers and refer mothers experiencing difficulties to the lactation consultant. 		
	<p>Promote the Program</p> <ul style="list-style-type: none"> Actively promote the program with: <ul style="list-style-type: none"> WIC participants: Alert all newly certified pregnant and breastfeeding mothers; help them see that peer counseling is part of WIC's breastfeeding support. Allow peer counselors to visit new mothers in the clinic so they can meet face-to-face. Post flyers about the program in the WIC clinic. Utah WIC hangs framed photographs of peer counselors in the main waiting rooms of their clinics. The community: <ul style="list-style-type: none"> Announce the program with other public health programs that serve similar population groups. 		
	<p>Quote from a WIC Peer Counselor</p> <ul style="list-style-type: none"> We have a really good relationship with the lactation consultants here at the local hospital. It is wonderful to have this kind of relationship. We are all striving for the same thing, and that's to help moms. 		

Section 5: Staffing Considerations

Slide	Main Messages	Activities and Handouts	
	<p>Staffing Considerations</p> <ul style="list-style-type: none"> A program gets off to the best start when the right people are hired as peer counselors. Peer counselors are enthusiastic and work hard to make a program smooth and successful. 	<p>Handout: Activity Worksheet 3: The Ideal Peer Counselor</p> <p>Activity: The Ideal Peer Counselor (Identify the best peer counselor, the most surprising hire, and the worst hire.)</p> <ul style="list-style-type: none"> Share stories of peer counselors that attendees have hired. Discuss common themes and qualities that seem to be most important. 	
	<p>FNS Definition of a Peer Counselor</p> <ul style="list-style-type: none"> [Read definition of a peer counselor from <i>Loving Support</i>© Model] Research demonstrates the importance of mother-to-mother support in helping women to initiate and continue breastfeeding. The <i>Loving Support</i>© Model defines peer counselors as paraprofessionals who are recruited and hired from WIC's target population of WIC eligible women and who are available to WIC clients outside the WIC clinic environment. FNS strongly recommends that WIC State agencies hire peer counselors with previous breastfeeding experience. State agencies have the flexibility to develop, implement, or enhance peer counseling programs appropriate to the needs of their local agencies as long as the components of the <i>Loving Support</i>© Model are included. Other important qualities may include: enthusiasm for breastfeeding, communication skills, same language as WIC participants, and those who are currently WIC participants. 	<p>Handout: Assessment and Planning 1: <i>Loving Support</i>© Model</p>	
	<p>Who is a Peer?</p> <ul style="list-style-type: none"> Federal funding for peer counseling specifically targets paying for “peer counselors.” Some WIC agencies have asked about appropriating a portion of an existing staff person’s time for peer counseling services. The <i>Loving Support</i>© Model is clear that funds are designated for peer support, so if WIC staff are used, consideration must be given to whether they meet the guidelines of a peer and whether services are provided beyond the WIC clinic setting and usual clinic hours. 		

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Only Women? 	<p>Only Women?</p> <ul style="list-style-type: none"> ▪ WIC's target population is WIC-eligible women. Men therefore do not meet the FNS definition of a peer and therefore cannot be paid using these funds. ▪ Males are valuable members of breastfeeding promotion and support programs. WIC State and local agencies may use their regular WIC Nutrition Services and Administration funds for activities that support WIC's education efforts, such as father-led support groups, that are beyond the scope of the <i>Loving Support® Model</i>. 	
Older Moms? 	<p>Older Moms?</p> <ul style="list-style-type: none"> ▪ Ideally WIC agencies should select peer counselors similar in age to those of the participants being served by WIC. ▪ In some cases, meeting all criteria may not be possible, especially in rural areas with low breastfeeding rates. WIC agencies have the flexibility to develop criteria as long as the key components of the definition are included. 	
Lactation Consultants? 	<p>Lactation Consultants?</p> <ul style="list-style-type: none"> ▪ While lactation consultants, nurses, dietitians, and other health professionals are valuable in supporting new mothers, they do not meet the definition of a "paraprofessional" in the <i>Loving Support® Model</i>. ▪ They can contribute to the program in other ways (ex: receiving referrals, providing training, supervising peer counselors, or managing a peer counseling program) which is an allowable expense for peer counseling funds, but the funds cannot be used to pay them to work as peer counselors. 	
Peers Who Become IBCLCs? 	<p>Peers Who Become IBCLCs?</p> <ul style="list-style-type: none"> ▪ Peer counselors who become IBCLC can move into a different position with a different salary (ex: IBCLC level of a tiered support program) to accept referrals, provide training, and serve as the WIC designated breastfeeding expert. ▪ They can also move into a local agency position (ex: peer counselor coordinator, assistant coordinator, trainer, etc.). ▪ If she continues to meet other criteria for a peer outlined in the <i>Loving Support® Model</i>, she can continue as a peer at peer counselor pay if she remains in that scope of practice and it is agreeable with both her and the agency. 	

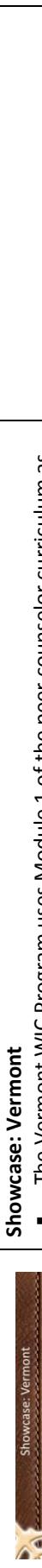
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
<p>What's in a Name?</p> <ul style="list-style-type: none"> Some WIC agencies use a different name for their peer counselors. They reason that WIC mothers may not understand the concept of a peer counselor. Some names agencies have used include: "Breastfeeding Peer Helper," "Breastfeeding Counselor," "Mother Helper," "Moms Helping Moms." FNS will continue to use the term "peer counselors" and "peer counseling" to describe the program because this is the definition used by researchers and the language used in the federal regulations. However, a State or local agency is free to use whatever name they wish to communicate with mothers. 		
<p>Recruiting Peer Counselors in WIC</p> <ul style="list-style-type: none"> One of the best places to find potential peer counselors is to look within your own population of WIC breastfeeding mothers. Ideas to consider: <ul style="list-style-type: none"> Database of breastfeeding mothers in your system Recommendations from local agency staff Signs posted in WIC clinics, grocery stores, and other locations New York hosts breastfeeding peer counselor "teas" to gather interested WIC moms to learn more about the peer counselor program 		
<p>Recruiting Peer Counselors in the Community</p> <ul style="list-style-type: none"> Places to find peer counselors in the community might include: <ul style="list-style-type: none"> Local pediatric clinic IBCLCs in the community La Leche League Local newspaper ad 		

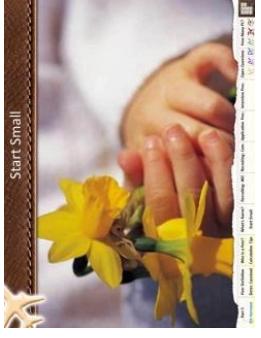
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 The Application Process	<p>The Application Process</p> <ul style="list-style-type: none"> An application process provides potential peer counselors with the opportunity to communicate their strengths and weaknesses, and shows them that this is a real job. It also gives supervisors the chance to get to know them and assess how they fit in with the health care team. The application should be simple and designed to gather basic information as a screening tool. Avoid trying to collect too much information about the candidate's knowledge of breastfeeding as this will be covered in training. If the agency will not provide cell phones you can assess whether she has a phone available. Also assess whether she is available to accept and make calls from home and her goals for the position. When peer counselors are hired, have them sign a receipt of materials they receive, with the understanding these items must be returned when they leave the program. 	Handout: Staffing and Supervision 2: Sample Application Peer Counselor Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued
 The Interview Process	<p>The Interview Process</p> <ul style="list-style-type: none"> The interview is designed to learn more about the enthusiasm and character of the candidate. Keep in mind that an interview can be very stressful, and even more so for a WIC mother who has not worked before. To help participants feel comfortable: <ul style="list-style-type: none"> Sit "knee to knee" with her Avoid large group interviews Use open-ended questions and affirmations 	Handout: Staffing and Supervision 4: Sample Interview Guide Peer Counselors
 Open-ended Interview Questions	<p>Open-ended Interview Questions</p> <ul style="list-style-type: none"> Open-ended questions create a safe environment for peer counselor candidates to feel comfortable sharing their stories and their goals. Examples: <ul style="list-style-type: none"> <i>Tell us about the support you had while breastfeeding.</i> <i>Describe any breastfeeding challenges you may have encountered; how did you deal with them?</i> <i>What do you most hope to gain from being a peer counselor?</i> 	

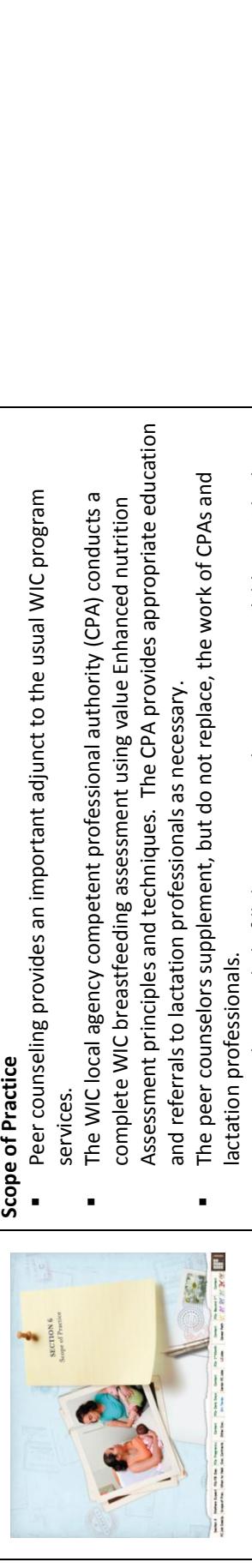
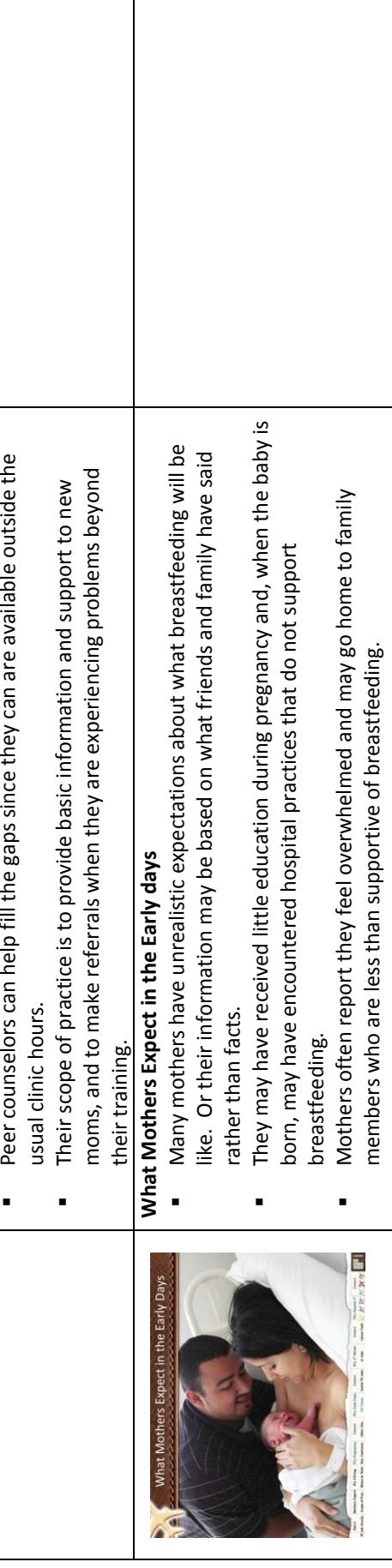
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 How Many Peer Counselors to Hire  x2?	<p>How Many Peer Counselors to Hire</p> <ul style="list-style-type: none"> ▪ Many successful programs recruit and train twice as many peer counselors as they think they will actually need. ▪ Some women, although passionate about breastfeeding and good peer counselor prospects, find they simply cannot realistically handle the added responsibilities of being a peer counselor. ▪ Some go through the training and decide that peer counseling is not for them. It costs little to include extra people in a training event. ▪ Another advantage is that you educate many more women who become a positive voice for breastfeeding information in the community. 	
 Showcase: Vermont  	<p>Showcase: Vermont</p> <ul style="list-style-type: none"> ▪ The Vermont WIC Program uses Module 1 of the peer counselor curriculum as part of an introductory meeting with all potential peer counselor candidates who may be interested in working for WIC. ▪ Because this section addresses the basic job responsibilities, typical work settings, and scope of practice, they feel this is an ideal way to help peer counselor candidates understand the job and their expectations. ▪ Those who continue with the full training have a better understanding of expectations and whether this will fit with their lives. 	
 Determining Caseload  	<p>Determining Caseload</p> <ul style="list-style-type: none"> ▪ There are no rules for how many peer counselors are needed. The number is extremely variable depending upon many factors, including budget, caseload, numbers of women breastfeeding, demographics of the community, job settings for peer counselors, etc. ▪ Best practices indicate that it is best to give a newly trained peer counselor a very small caseload to begin with, and increase as her skills grow. ▪ Georgia WIC begins peer counselors with 20 clients for a 20-hour work week, and increases to up to 80-100. Other states report that a beginning caseload should be around 50 clients per month for a 10-hour work week. ▪ Missouri has a formula for determining caseload of peer counselors primarily working by telephone: number of WIC participants divided by 3 contacts per hour equals the number of PC hours needed each month. ▪ Extremely large agencies suggest looking at available funds and then setting priorities based on how those funds can best be applied to serve the caseload. ▪ If other activities such as hospital visits, home visits, and support groups are part of the peer counselor's job, that should be factored into the time needed. 	

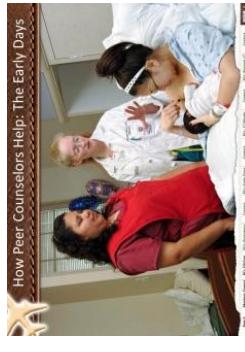
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts									
<p>Tips to Help with Calculations</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Telephone</td> <td>Clinic Visits</td> <td>Home Visits</td> <td>Hospital Visits</td> <td>Group Meetings</td> </tr> <tr> <td>4-6 Calls per Hour</td> <td>30 Minutes</td> <td>2 Hours</td> <td>1 Hour for 1-2 Visits</td> <td>2 Hours</td> </tr> </table> <p>Tips to Help with Calculations</p> <ul style="list-style-type: none"> Because contacts with new mothers are highly variable, depending on the extent of her questions and concerns, it is difficult to identify hard and fast rules. The following time allotments can be considered a general guide, keeping in mind that the amount of time needed will depend on the peer counselor's experience and ability, the issues that the peer counselor is addressing with the mother, and the type of contact being made. <ul style="list-style-type: none"> Telephone contacts: 4-6 calls/hour (including documentation) Clinic visits: around 30 minutes (including documentation) Home visits: allow for 2 hours (travel and documentation included) Hospital visits: allow 2 hour per 1-2 visits, though this varies widely Classes and support group meetings: allow 2 hours (including class set-up and prep time) 	Telephone	Clinic Visits	Home Visits	Hospital Visits	Group Meetings	4-6 Calls per Hour	30 Minutes	2 Hours	1 Hour for 1-2 Visits	2 Hours	
Telephone	Clinic Visits	Home Visits	Hospital Visits	Group Meetings							
4-6 Calls per Hour	30 Minutes	2 Hours	1 Hour for 1-2 Visits	2 Hours							
<p>Start Small</p>  <p>Start Small</p> <ul style="list-style-type: none"> The best rule of thumb is to start small. As the program grows and as peer counselors grow in their comfort with the program, they will be more efficient at handling larger numbers of clients. As the program grows, a natural result is more breastfeeding women. You may then need to consider hiring more peer counselors or increasing their hours so they can accommodate the growing needs within their community. 											

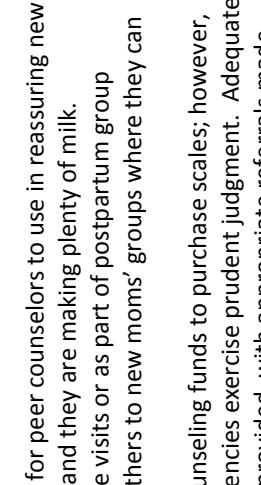
Section 6: Scope of Practice

Slide	Main Messages	Activities and Handouts
	<p>Scope of Practice</p> <ul style="list-style-type: none"> Peer counseling provides an important adjunct to the usual WIC program services. The WIC local agency competent professional authority (CPA) conducts a complete WIC breastfeeding assessment using value Enhanced nutrition Assessment principles and techniques. The CPA provides appropriate education and referrals to lactation professionals as necessary. The peer counselors supplement, but do not replace, the work of CPAs and lactation professionals. Peer counselors can help fill the gaps since they can are available outside the usual clinic hours. Their scope of practice is to provide basic information and support to new moms, and to make referrals when they are experiencing problems beyond their training. 	<p>What Mothers Expect in the Early days</p> <ul style="list-style-type: none"> Many mothers have unrealistic expectations about what breastfeeding will be like. Or their information may be based on what friends and family have said rather than facts. They may have received little education during pregnancy and, when the baby is born, may have encountered hospital practices that do not support breastfeeding. Mother often report they feel overwhelmed and may go home to family members who are less than supportive of breastfeeding.
	<p>Peer Counselors Fill the Gap</p> <ul style="list-style-type: none"> Peer counselors provide prenatal breastfeeding promotion and support messages timed to mothers when they need it most. They connect mothers to other health programs and services that can help during pregnancy and beyond. They call or visit mothers in the hospital to troubleshoot early concerns. They contact mothers in the early day home from the hospital. They make referrals as needed. They provide ongoing support as baby grows to help grow mom's confidence. 	<p>Activity: Filling the Gap (Identifying concerns at various stages.)</p> <ul style="list-style-type: none"> Divide into small groups: <ul style="list-style-type: none"> pregnancy, early days, first month, and beyond the first month Identify emotional needs of moms during those stages, and how a peer counselor could help.

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>How Peer Counselors Help: Pregnancy</p> <ul style="list-style-type: none"> Peer counselors can provide additional value to the usual prenatal counseling services in WIC by exploring a mother's individual barriers to breastfeeding that are likely to change as her pregnancy unfolds. They also help mothers explore options for maximizing the benefits of breastfeeding and lowering the mother's barriers. Peer counselors educate mothers about basic breastfeeding technique, how to get a good start with breastfeeding in the hospital, and tips for assuring a good milk production. Peer counselors make referrals to WIC staff and the WIC designated breastfeeding expert if problems continue or are beyond her basic scope. 	<p>How Peer Counselors Help: Pregnancy</p> <ul style="list-style-type: none"> Peer counselors can provide additional value to the usual prenatal counseling services in WIC by exploring a mother's individual barriers to breastfeeding that are likely to change as her pregnancy unfolds. They also help mothers explore options for maximizing the benefits of breastfeeding and lowering the mother's barriers. Peer counselors educate mothers about basic breastfeeding technique, how to get a good start with breastfeeding in the hospital, and tips for assuring a good milk production. Peer counselors make referrals to WIC staff and the WIC designated breastfeeding expert if problems continue or are beyond her basic scope. 	
 <p>Contacting WIC Moms</p> <ul style="list-style-type: none"> Research shows higher breastfeeding rates with high intensity peer support initiatives which include making contacts early in pregnancy, with more frequent contacts as the due date approaches. Research shows most women make their infant feeding decisions before or during the first trimester of pregnancy. However, women who initially decide to formula feed often change their mind with information and support from a peer counselor. Establishing a relationship with the mother before her baby is born can help her prepare for the early days of breastfeeding. It is not uncommon for peer counselors to experience many disconnected phones, wrong numbers, or unreturned messages. Peer counselors should be realistic in realizing that difficulty reaching clients is normal. The fact that WIC moms often do not return calls is a primary reason peer counselors should always be the ones to initiate contact. 	<p>Contacting WIC Moms</p> <ul style="list-style-type: none"> Research shows higher breastfeeding rates with high intensity peer support initiatives which include making contacts early in pregnancy, with more frequent contacts as the due date approaches. Research shows most women make their infant feeding decisions before or during the first trimester of pregnancy. However, women who initially decide to formula feed often change their mind with information and support from a peer counselor. Establishing a relationship with the mother before her baby is born can help her prepare for the early days of breastfeeding. It is not uncommon for peer counselors to experience many disconnected phones, wrong numbers, or unreturned messages. Peer counselors should be realistic in realizing that difficulty reaching clients is normal. The fact that WIC moms often do not return calls is a primary reason peer counselors should always be the ones to initiate contact. 	
 <p>How Peer Counselors Help: The Early Days</p> <ul style="list-style-type: none"> During the early day postpartum, peer counselors are an invaluable link to help and support for new moms. The CDC reported in its "Infant Feeding Practices Survey" that four out of five pregnancy women want to breastfeed, but many discontinue early due to maternity care practices that make it difficult to continue. Mothers who deliver in hospitals with unsupportive practices are 8 times more likely to discontinue. Phone calls and visits to the hospital can help address early concerns. Peer counselors frequently deal with basic issues such as positioning and latch. Some peer counseling programs provide home visits to assess breastfeeding. 	<p>How Peer Counselors Help: The Early Days</p> <ul style="list-style-type: none"> During the early day postpartum, peer counselors are an invaluable link to help and support for new moms. The CDC reported in its "Infant Feeding Practices Survey" that four out of five pregnancy women want to breastfeed, but many discontinue early due to maternity care practices that make it difficult to continue. Mothers who deliver in hospitals with unsupportive practices are 8 times more likely to discontinue. Phone calls and visits to the hospital can help address early concerns. Peer counselors frequently deal with basic issues such as positioning and latch. Some peer counseling programs provide home visits to assess breastfeeding. 	

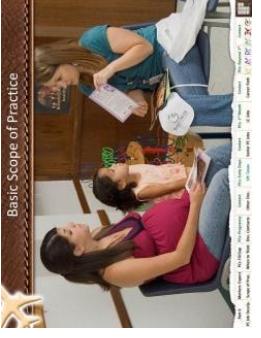
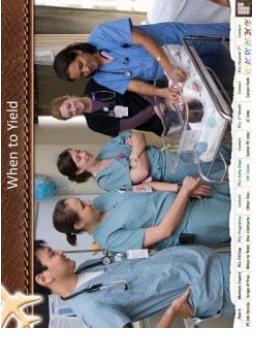
Facilitator Prompts – Manager Training

Slide	Contacting WIC Moms	Main Messages	Activities and Handouts
 Contacting WIC Moms	<p>Every 2-3 days the first week</p> <p>Within 24 hours if problems occur</p> <ul style="list-style-type: none"> ▪ Research shows that contacts with new mothers in the early days should occur frequently: <ul style="list-style-type: none"> • Every 2-3 days in the first week • Within 24 hours if the mother reports breastfeeding problems ▪ Research shows the most critical weaning window is the first week. ▪ The demands and stresses can be so great that studies show $\frac{1}{4}$ of new WIC breastfeeding mothers begin supplementing before the first week has ended, and $\frac{1}{2}$ have started supplementing by the end of the second week. ▪ Peer counselors should be prepared to discuss common reasons for supplementing and weaning during this period: concerns about milk production and uncomfortable breasts. ▪ “Scaling up” programs (to include hospital visits, home visits, or more intensive phone follow-up) to provide more intensive face-to-face assistance can be considered by agencies if funds allow. 	<p>How Peer Counselors Help: The First Month</p> <ul style="list-style-type: none"> ▪ Peer counselors can continue to offer ongoing help and support throughout the critical first month when milk production is being established and moms are adjusting to the demands of motherhood and breastfeeding. ▪ This is an ideal time for peer counselors to promote the WIC food packages for fully breastfeeding mothers and to answer their many questions. ▪ They can help mothers gain confidence in their milk production, and encourage them if they do not have friends or family members who support them. 	 Weighing Baby
 Contacting WIC Moms	<p>Every 2-3 days the first week</p> <p>Within 24 hours if problems occur</p> <ul style="list-style-type: none"> ▪ Research shows that contacts with new mothers in the early days should occur frequently: <ul style="list-style-type: none"> • Every 2-3 days in the first week • Within 24 hours if the mother reports breastfeeding problems ▪ Research shows the most critical weaning window is the first week. ▪ The demands and stresses can be so great that studies show $\frac{1}{4}$ of new WIC breastfeeding mothers begin supplementing before the first week has ended, and $\frac{1}{2}$ have started supplementing by the end of the second week. ▪ Peer counselors should be prepared to discuss common reasons for supplementing and weaning during this period: concerns about milk production and uncomfortable breasts. ▪ “Scaling up” programs (to include hospital visits, home visits, or more intensive phone follow-up) to provide more intensive face-to-face assistance can be considered by agencies if funds allow. 	<p>How Peer Counselors Help: The First Month</p> <ul style="list-style-type: none"> ▪ Peer counselors can continue to offer ongoing help and support throughout the critical first month when milk production is being established and moms are adjusting to the demands of motherhood and breastfeeding. ▪ This is an ideal time for peer counselors to promote the WIC food packages for fully breastfeeding mothers and to answer their many questions. ▪ They can help mothers gain confidence in their milk production, and encourage them if they do not have friends or family members who support them. 	 Weighing Baby
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Facilitator Prompts – Manager Training

Slide	Contacting WIC Moms	Main Messages	Activities and Handouts
 <p>Weekly in first month if all is well Within 24 hours if problems occur</p>	<ul style="list-style-type: none"> ■ Contacts with WIC mothers should continue frequently during the first month: <ul style="list-style-type: none"> • Weekly after breastfeeding is going smoothly • Within 24 hours if mothers experience problems ■ Frequent, regular calls will help mothers gain confidence they are doing well, and allow peer counselors to address changing situations that may affect the mother's perceptions about how breastfeeding is going. 	<p>How Peer Counselors Help: Beyond the First Month</p> <ul style="list-style-type: none"> ■ After the first month, mothers continue to have questions and concerns as baby grows and as they begin to get back to pre-baby routines such as returning to work or school. Peer counselors can: <ul style="list-style-type: none"> • Continue to offer ongoing help and support • Offer breast pumps and strategies for combining work or school with breastfeeding • Help moms deal with common challenges (ex: breastfeeding in public) • Promote the WIC food packages • Make referrals • Connect mothers to other moms in the community 	
			<p>Contacting WIC Moms</p> <ul style="list-style-type: none"> ■ Beyond the first month, peer counselors can initiate contacts with moms: <ul style="list-style-type: none"> • Monthly, as long as things are going well • Around 1-2 weeks before the mother plans to return to work/school and a day or two after she returns. ■ Once breastfeeding is well established, mothers continue to have questions. Focusing contacts before and after they return to work or school helps them prepare. Research shows many women wean soon after they return to work. ■ Peer counselors help mothers with many other questions that arise as baby grows, and provide information to help moms feel confident continuing to breastfeed.
			

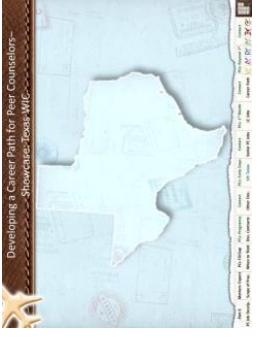
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Peer Counselor Job Description 	<p>Peer Counselor Job Description</p> <ul style="list-style-type: none"> WIC programs with successful peer counseling programs are generally in agreement that peer counselors are most helpful in providing basic breastfeeding information and support to WIC mothers. The sample job description outlines basic activities peer counselors may do including counseling mothers, documenting contacts, making referrals, attending staff meetings, growing her own knowledge about breastfeeding, and functioning as a part of the WIC team. 	<p>Handout: Assessment and Planning 1: <i>Loving Support</i>© Model Job Description 3: WIC Breastfeeding Peer Counselor</p>
Basic Scope of Practice 	<p>Basic Scope of Practice</p> <ul style="list-style-type: none"> The peer counselor scope of practice is limited to supporting normal breastfeeding, which means providing basic information and support. The peer counselor training, “<i>Loving Support</i>© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors,” addresses the basic education and support role for peer counselors, and shows situations which must be yielded to breastfeeding experts. Supervisors should continue to address the peer counselor scope throughout the mentoring phase of her employment. Case scenarios at monthly staff meetings can also be used for ongoing discussion. Local WIC agencies should not expect peer counselors to provide services beyond their scope of practice. WIC staff who are health professionals should be trained in breastfeeding management to assist with problems that arise. Teach peer counselors who their referral sources are during initial training, and include them in monthly staff meetings to discuss referral situations. 	<p>Handout: Assessment and Planning 1: <i>Loving Support</i>© Model Staffing and Supervision 5: Scope of Practice for WIC Peer Counselors Staffing and Supervision 6: Scope of Practice for WIC IBCLCs</p>
When to Yield 	<p>When to Yield</p> <ul style="list-style-type: none"> Peer counselors should refer situations beyond their training or comfort level, common problems that do not begin improving within 24 hours of the intervention, or when there are medical situations for the mother or infant. This is imperative in reducing the risk of liability. The referral concept is called “yielding” as a reminder that some situations require a peer counselor to “hand off” a mother to more experienced professionals. Webster’s defines “yield” as “to give place or precedence acknowledge the superiority of someone else; to give way to become succeeded by someone or something else.” To “yield” does not mean the peer counselor tells the mother to call the lactation consultant or expert; the peer counselor should make that referral. The peer counselor continues to travel alongside the mother. 	<p>Handout: Staffing and Supervision 6: When to Yield</p>

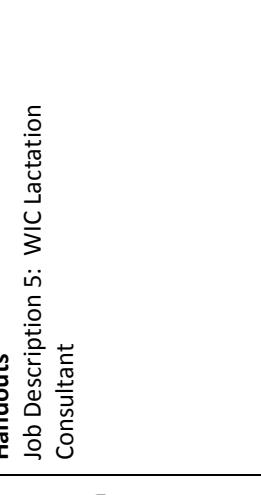
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Documenting Contacts 	<p>Documenting Contacts</p> <ul style="list-style-type: none"> ▪ Documenting contacts is an integral part of the peer counselor's job duties. <ul style="list-style-type: none"> • Record of the advice given • Method to refer problems to appropriate WIC staff • Measurement for effectiveness • Justification for paying peer counselors for services provided ▪ Peer counselors usually keep a log for each mother they follow, documenting all contacts, information covered, and referrals made. These logs often become part of the mother's permanent record. ▪ They are often filed alphabetically in a binder by mother's name or due date. ▪ In some States, peer counselors document electronically. ▪ Supervisors should review documentation logs monthly to assure they are making timely and appropriate contacts and referrals. Ongoing feedback helps reduce the risk of liability and provides supervisors an opportunity to address confidentiality policies and potential training needs. ▪ Some agencies provide locked file boxes to store documentation. ▪ If a computer is used or provided, peer counselors should be trained to close down the computer so that a mother's confidential information is not readily visible to other family members or individuals. 	Handout: Report form 1: Peer Counselor Contact Log
Other Documentation 	<p>Other Documentation</p> <ul style="list-style-type: none"> ▪ Peer counselors often file their contact logs alphabetically and organize tickler cards by due date or age of the baby as reminders of when mothers need to be contacted. ▪ Most agencies require peer counselors to complete a weekly activity sheet to note contacts made and the amount of time charged. This becomes their proof of hours worked and enables them to be paid. ▪ Most agencies also require supervisors to conduct spot checks of names recorded on the weekly activity sheets, especially if the peer counselors are working from home. These spot checks verify contacts and assure that mothers are receiving appropriate assistance. 	Handout: Report Form 2: Sample Peer Counselor Weekly Activity Log

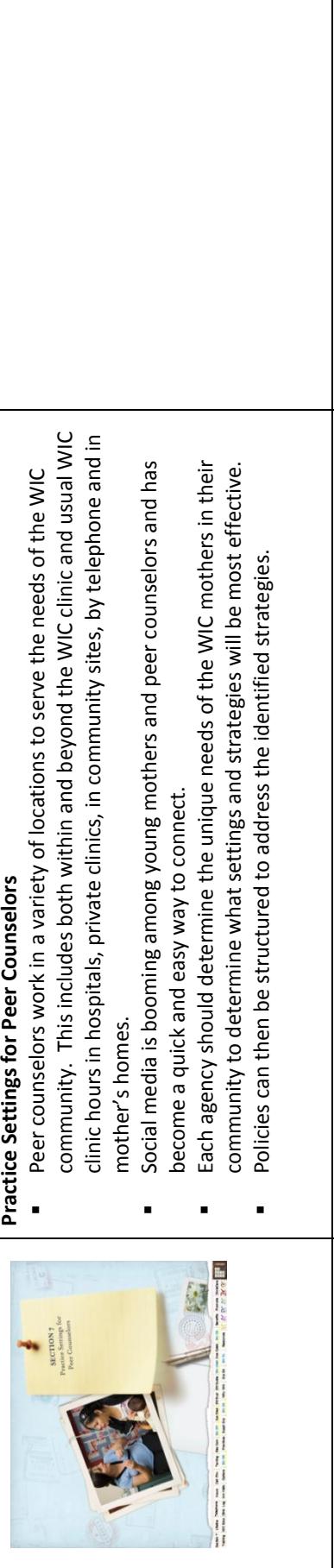
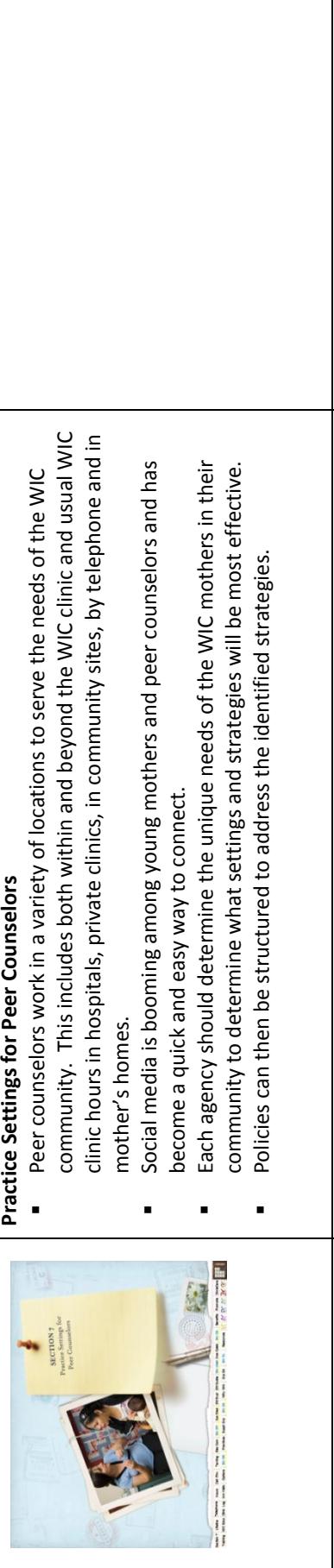
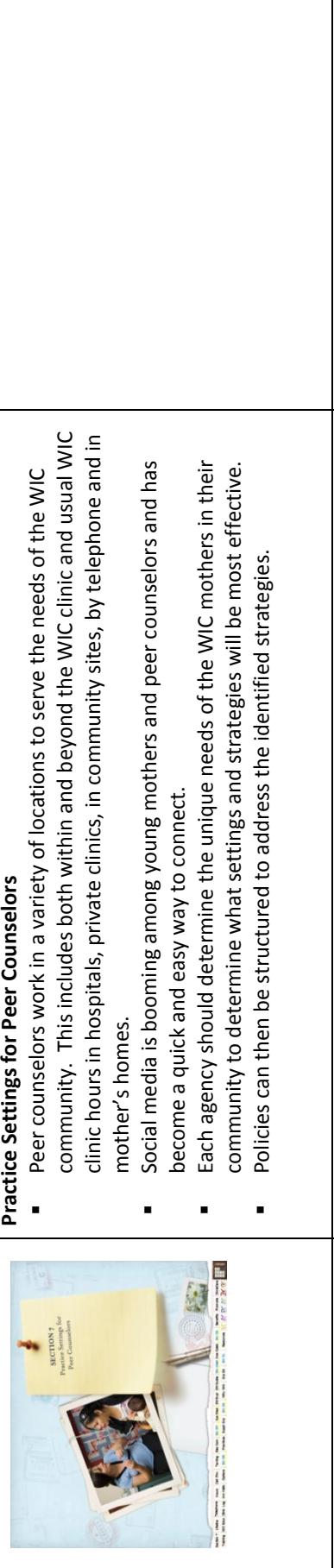
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
	<p>Developing a Career Path for Peer Counselors – Showcase: Texas WIC</p> <ul style="list-style-type: none"> Recognizing that peer counselors grow in their knowledge, skills, and experience beyond the basics, some WIC agencies provide career path programs to keep peer counselors engaged and excited about the program. Research shows career ladders increase retention of peer counselors and gives them positive goals to work toward. Texas WIC has a long-running successful career ladder with three levels: <ul style="list-style-type: none"> Basic entry-level peer counselor Advanced peer counselor (senior peer counselor, lead peer counselor, or lactation specialist) Lactation consultant (IBCLC) 	<p>Handouts</p> <ul style="list-style-type: none"> Job Description 4: WIC Senior Breastfeeding Peer Counselor
	<p>Job Duties for Senior Peer Counselors</p>  <ul style="list-style-type: none"> In some agencies senior level peer counselors have worked as entry-level peer counselors for at least six months, have received additional training, and have recognized skills in breastfeeding support. Each agency will need to determine policies for advancing a peer counselor to a senior position. Job duties can include: <ul style="list-style-type: none"> Assisting with training new peer counselors Assisting with mentoring new peer counselors Teaching classes and support group meetings Receiving referrals of situations that do not require yielding to a WIC designated breastfeeding expert Issuing electric or manual breast pumps Maintaining breast pump inventory Making home visits Providing hospital visits with new mothers Training requirements vary, but can involve formal training beyond the initial peer counselor training through earning CEUs through conferences, self-study, or completing a lactation course. 	<p>Handouts</p> <ul style="list-style-type: none"> Job Description 4: WIC Senior Breastfeeding Peer Counselor

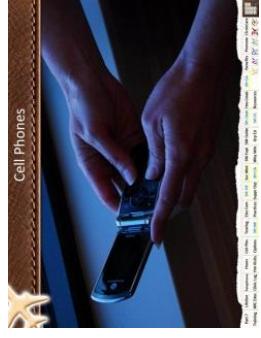
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Slide	Job Duties for Lactation Consultants	Handouts
	<ul style="list-style-type: none"> ■ IBCLCs are credentialed in lactation and require continuing education, hours of practice counseling mothers, and successful completion of the IBCLC exam. ■ A credentialed lactation consultant working in the WIC peer counseling program is able to provide more high-risk assistance to mothers, including managing problems beyond the scope of peer counselors. ■ IBCLCs are able to secure personal liability coverage. ■ IBCLCs follow their professional Scope of Practice from the credentialing organization, the International Board of Lactation Consultant Examiners (IBLCE). ■ Peer counselors who become IBCLCs may assume additional duties such as: <ul style="list-style-type: none"> ● Referral source for new mothers experiencing problems beyond the peer counselors' scope of practice ● Making rounds at local hospitals ● Making home visits with new mothers experiencing difficulties with breastfeeding ● Issuing breastfeeding devices for more complex breastfeeding situations ● Serving as the WIC designated breastfeeding expert for the WIC clinic or agency ● Training, mentoring, and supervising peer counselors ● Providing breastfeeding in-services for local health care providers ● Teaching classes and leading support group meetings ● Coordinating breastfeeding activities in the local agency 	<p>Job Description 5: WIC Lactation Consultant</p>
	<p>Recommendations for Career Path Program</p> <ul style="list-style-type: none"> ■ States such as Texas, Mississippi, and Michigan with tiered career opportunities for peer counselors provide recommendations that can ensure success: <ul style="list-style-type: none"> ● Only encourage forward movement when you can provide positions. ● Hire peer counselors as entry level staff before moving them into advanced roles so they are familiar with the various positions. ● Established a defined job description and scope of practice and pay rate for each level. ● Consider different names that acknowledge the expanded role and that may allow them to become integrated into the State personnel system. This can help make positions more permanent and help take the workload off other staff positions. ● Because not to become too "top heavy" with advanced level peer counselors and lactation consultants or the program will lose the important paraprofessional nature of mother-to-mother support. 	

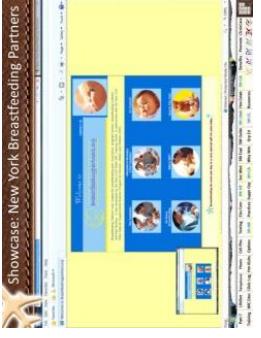
Section 7: Practice Setting for Peer Counselors

Slide	Main Messages	Activities and Handouts	
	<p>Practice Settings for Peer Counselors</p> <ul style="list-style-type: none"> Peer counselors work in a variety of locations to serve the needs of the WIC community. This includes both within and beyond the WIC clinic and usual WIC clinic hours in hospitals, private clinics, in community sites, by telephone and in mother's homes. Social media is booming among young mothers and peer counselors and has become a quick and easy way to connect. Each agency should determine the unique needs of the WIC mothers in their community to determine what settings and strategies will be most effective. Policies can then be structured to address the identified strategies. 	<p>Handout: Assessment and Planning 1: <i>Loving Support</i>© Model</p>	
	<p>Lifeline Beyond WIC Walls</p> <ul style="list-style-type: none"> Research with WIC agencies, peer counselors, and mothers has found that the key to success with peer counseling is being available to mothers when they need it most. Breastfeeding problems do not always occur during usual business hours, and peer counselors provide important support beyond usual WIC services. Peer counselors help fill the gap in breastfeeding services, particularly in areas where there are limited WIC health professional support resources beyond regular working hours. Being available beyond the WIC clinic hours and environment is a key component of the <i>Loving Support</i>© Model. 		
	<p>Telephone Access</p> <ul style="list-style-type: none"> Telephone calls are considered the centerpiece of most peer counseling programs in WIC today. Despite the widespread use of social media, the human voice is still considered an integral way to build important connections with women. Telephone calls enable peer counselors to be available at times of crisis when mothers are most vulnerable and likely to discontinue breastfeeding. Being available outside regular clinic hours gives mothers a lifeline to support and help when other health services may not be accessible. 		

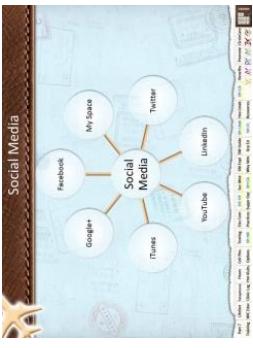
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 Beyond Regular Clinic Hours	<p>Beyond Regular Clinic Hours</p> <ul style="list-style-type: none"> ▪ Being available beyond clinic hours can be workable with thoughtful planning. ▪ Most mothers do <i>not</i> phone at inconvenient times. <ul style="list-style-type: none"> • Mothers may feel vulnerable and believe that calling for help is an admission of failure. • Family members are closer at hand and trusted sources of information. • It is extremely important for peer counselors to initiate calls. • The most likely time when mothers might call at an inconvenient time tends to be in the early days postpartum, a very limited window of time. ▪ Recommendations for managing: <ul style="list-style-type: none"> • Let WIC women know the best times to call. • If a call comes at an inopportune time, let the mother know you will return her call at a more convenient time. • Never give out personal information. • Turn off the phone during unavailable times. Check messages and return calls promptly. • Provide cell phones that peer counselors share when others are away or out sick. • Provide pagers so peer counselors can return calls. (However, mothers often will not leave messages on pagers.) • Staff a 24-hour hotline and rotate peer counselors to staff. • Example: Texas Local Agency 34-01, Abilene-Taylor County WIC. 	<p>Handout: Policies 1: Sample Cell Phone Policy</p>
 Cell Phones	<p>Cell Phones</p> <ul style="list-style-type: none"> ▪ Many WIC agencies that once provided pagers have now switched to provide cell phones with voicemail and texting options instead. Benefits are: <ul style="list-style-type: none"> • More cost effective as it increases availability to mothers • Enhances safety for the peer counselor • Eliminates personal long-distance charges • Eliminates the need for itemized reporting of personal cell phone usage • Provides more options for peer counselors to connect via texting and social media ▪ Teach peer counselors appropriate use of cell phones and confidentiality. ▪ To minimize costs, some states ask peer counselors to focus calls to times when service providers allow free calls. ▪ Consider phones that may be “locked” when not in use. ▪ Instruct peer counselors to include a signature on their phone. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Texting</p> <ul style="list-style-type: none"> Peer counselors report texting is a primary way WIC mothers want to communicate. Some agencies provide unlimited texting plans, citing nominal costs. (Ex: one state found annual cost for 8-10 peer counselors is \$1,500). Most states allowing texting ask peer counselors to use it for initiating quick messages and contacts (e.g., class notices, WIC appointment reminders, etc.) Many peer counselors believe text messaging is a valuable way to receive contacts from mothers who have questions; these mothers may never phone or leave a message with a pager. The peer counselor can then follow up by phone. For documentation, each State/local agency will need to determine whether text messages will count as peer counseling contacts, volume calls, etc. 	<p>Texting</p> <ul style="list-style-type: none"> Peer counselors report texting is a primary way WIC mothers want to communicate. Some agencies provide unlimited texting plans, citing nominal costs. (Ex: one state found annual cost for 8-10 peer counselors is \$1,500). Most states allowing texting ask peer counselors to use it for initiating quick messages and contacts (e.g., class notices, WIC appointment reminders, etc.) Many peer counselors believe text messaging is a valuable way to receive contacts from mothers who have questions; these mothers may never phone or leave a message with a pager. The peer counselor can then follow up by phone. For documentation, each State/local agency will need to determine whether text messages will count as peer counseling contacts, volume calls, etc. 	
 <p>Electronic Communications</p> <ul style="list-style-type: none"> Electronic communications are widely used by many people to stay connected, though for WIC participants, use of cell phones is more common. Many excellent breastfeeding websites are available. Peer counselors who want to email mothers should be given the agency's email policy and instructed on how to keep messages short and simple. Some agencies provide iPads™ or other tablet devices to enable quick documentation and to quickly access information. The "Loving Support® Through Peer Counseling: A Journey together – for Training WIC Peer Counselors" training provides guidelines for using email, texting, and social media. 	<p>Electronic Communications</p> <ul style="list-style-type: none"> Electronic communications are widely used by many people to stay connected, though for WIC participants, use of cell phones is more common. Many excellent breastfeeding websites are available. Peer counselors who want to email mothers should be given the agency's email policy and instructed on how to keep messages short and simple. Some agencies provide iPads™ or other tablet devices to enable quick documentation and to quickly access information. The "Loving Support® Through Peer Counseling: A Journey together – for Training WIC Peer Counselors" training provides guidelines for using email, texting, and social media. 	
 <p>Showcase: New York Breastfeeding Partners</p> <ul style="list-style-type: none"> The New York WIC Program has operated an excellent website with breastfeeding resources for parents and peer counselors. The site began in 2004 and supports local agency peer counseling efforts, providing support and resources for those that did not yet have a peer support program in place. The site provides a peer-to-peer sharing network and an opportunity for peer counselors to continue their journey of learning through reinforcement of basic skills taught in their initial training. 	<p>Showcase: New York Breastfeeding Partners</p> <ul style="list-style-type: none"> The New York WIC Program has operated an excellent website with breastfeeding resources for parents and peer counselors. The site began in 2004 and supports local agency peer counseling efforts, providing support and resources for those that did not yet have a peer support program in place. The site provides a peer-to-peer sharing network and an opportunity for peer counselors to continue their journey of learning through reinforcement of basic skills taught in their initial training. 	

Facilitator Prompts – Manager Training

Slide	Social Media	Main Messages	Activities and Handouts
	<ul style="list-style-type: none"> ▪ Social media is the use of web-based and mobile technologies to turn communication into interactive dialogue and build a sense of community. ▪ Most experts today agree that social media has become a fundamental shift in the way people communicate. ▪ Common social media technologies include Facebook™, Twitter™, Skype™, LinkedIn™, and other emerging communication technologies. ▪ Social media has enlarged the world and created a sense of community where relationships reign and ideas are freely shared. ▪ More than 50% of the world's population is less than 30 years old. ▪ 96% of millennial moms have joined a social network. ▪ 1 in 8 couples in the U.S. met via social media. ▪ If Facebook™ were a country, it would be the third largest in the world (behind India and China). ▪ 80% of companies today use social media to reach consumers. 		
	<p style="text-align: center;">WIC and Social Media</p> <ul style="list-style-type: none"> ▪ WIC mothers are using social media. ▪ A 2010 wichealth.org survey of 71,000 WIC participants found that 89.2% use Facebook™, 80.4% use text messaging, and 78.3% use their cell phone to communicate. ▪ Texas WIC data found that among WIC participants: <ul style="list-style-type: none"> • 66% have access to the Internet • 77% use text messages to communicate • 54% use email • 45% regularly use Facebook™ • 35% view online videos ▪ Many peer counselors have personal Facebook™ pages, and some WIC programs have agency pages or groups for WIC moms. A “secret” group allows for privacy of group members with posts that can be viewed only by the group. 	<p style="text-align: center;">Video: “WIC and Social Media” (produced by Texas WIC)</p>	

Facilitator Prompts – Manager Training

Slide	Developing Social Media Guidelines	Main Messages	Activities and Handouts
	<p>DOS and DON'TS</p> <ul style="list-style-type: none"> ▪ Most agencies have guidelines on social media. Refer to existing policies. ▪ Clear guidelines on appropriate use of technologies are important to share. ▪ The peer counselor training curriculum provides basic instructions. ▪ Considerations in formulating guidance for social media: <ul style="list-style-type: none"> • Terms of use • Oversight and upkeep of the site • Site monitoring • Purpose of social media • Content that falls outside that purpose • How to handle inappropriate posts • Copyright issues • Confidentiality • Records management ▪ The agency should also have usage guidelines for those using social media. (e.g., Shasta Mom's Circle includes guidelines for respecting one another, avoiding "hot button" issues, no foul language, no bashing of health care professionals, and no advertising) ▪ The Centers for Disease Control and Prevention has published model guidelines. 	<p>Handout: Policies 2: Sample Social Media Policy</p>	
		<p>Showcase: Utah Virtual Peer Counseling Program</p> <ul style="list-style-type: none"> ▪ The Utah WIC Program has a “virtual peer counseling” adaptation to their website that will use all social media components, including Facebook™ and PalTalk™. ▪ Peer counselors and WIC staff can post, upload, and organize breastfeeding resources by topic or issue. ▪ WIC participants can move through an electronic “virtual educator dialogue,” can visit educational links, and even connect with a peer counselor to discuss breastfeeding questions. ▪ Additional clicks will take the participant to a page featuring the photo and biographical information about the peer counselors, and an opportunity to begin a Skype™ conversation immediately, leave an instant message, or receive email follow-up. 	

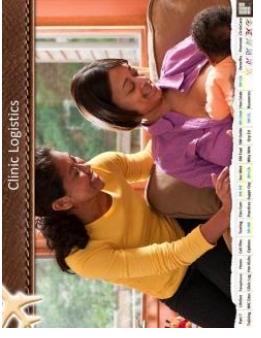
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Hospital Collaboration</p>	<p>Hospital Collaboration</p> <ul style="list-style-type: none"> Many WIC agencies have begun placing peer counselors in hospital settings to provide direct one-on-one assistance in the critical first few days postpartum. Some visit the hospital as “friends” or “visitors” to greet mothers and make a WIC referral. Others visit under more formalized guidelines through the hospital volunteer office or other arrangements mutually agreed upon. In some hospitals peer counselors come only when the hospital phones that a mother needs assistance. In some communities the hospital faxes a list of WIC mothers to the WIC office following confidentiality agreements established between the two organizations. Peer counselor then check the list and begin follow-up. 	<p>Handout: Job Description 6: WIC Peer Counselor in the Hospital</p>
 <p>Showcase: Alameda County Medical Center and WIC</p>	<p>Showcase: Alameda County Medical Center and WIC</p> <ul style="list-style-type: none"> WIC peer counselors in Alameda County (Oakland, California) work closely with their local hospital. The arrangement was carefully planned and executed with an official Memorandum of Understanding signed by both parties. A clear scope of practice was negotiated and training provided to peer counselors. Peers complete the hospital's volunteer program and work under direct supervision of the lactation consultant. The hospital reports that peer counselors are a tremendous asset as they can build relationships with new moms. The experience has been so positive that other hospitals are now asking about having peer counselors in their facilities. 	<p>Benefits of Hospital Collaboration</p> <ul style="list-style-type: none"> Benefits to WIC mothers: <ul style="list-style-type: none"> Reinforces prenatal education Allows her to meet her peer counselor to enhance relationship building Establishes an intimate relationship during a sensitive time Helps moms gain confidence with breastfeeding Educes the entire family Benefits to the hospital: <ul style="list-style-type: none"> Improves quality care Saves time for busy nursing staff and frees them for other duties Improves patient satisfaction with their hospital experience

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 Promoting Peer Counseling to the Hospital	<p>Promoting Peer Counseling to the Hospital</p> <ul style="list-style-type: none"> ▪ Begin by contacting the hospital lactation consultant or other key contacts. ▪ Set a formal meeting between the WIC Director and peer counseling coordinator with the hospital director of nursing, lactation consultant, and other key staff. ▪ Discuss: <ul style="list-style-type: none"> • WIC's goals and mission, and desire to increase breastfeeding rates. • Role of the peer counselors. • Examples of hospitals successfully using peer counselors. • Training curriculum used to train peer counselors. • Scope of practice of peer counselors. • Breastfeeding rates of WIC mothers in the community. • Liability coverage that may be available with the local agency. ▪ Follow the hospital's lead and offer to provide more information. ▪ A formal agreement can be used to clarify roles of the peer counselors communication, and referrals. 	<p>Handout: Policies 3: Sample Memorandum of Understanding with Hospitals</p>
 The Hospital Circle of Care for New Moms	<p>The Hospital Circle of Care for New Moms</p> <ul style="list-style-type: none"> ▪ While in the hospital the peer counselor respects the entire team caring for the mother. ▪ Her role in the hospital should be clearly identified with the hospital team. ▪ In many hospitals, peer counselors do not offer hands-on assistance, but simply meet the mother in person, provide encouragement, and arrange for follow-up by phone. ▪ In some hospitals, peer counselors help mothers position and latch the baby. ▪ All peer counselors should report any concerns to the lactation team leader or designated hospital contact, as well as their WIC supervisor. 	
 Training Peer Counselors to Work in the Hospital	<p>Training Peer Counselors to Work in the Hospital</p> <ul style="list-style-type: none"> ▪ Many WIC agencies do not place peer counselors in the hospital until they have worked for at least six months to help increase confidence and skills. ▪ Most hospitals ask peer counselors to go through volunteer program. ▪ Peer counselors should also receive training from supervisors. ▪ The peer counselor training program, <i>Loving Support© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors</i>, includes a module (Module #13) specifically focused on training peer counselors to work in other settings such as the hospital. 	

Facilitator Prompts – Manager Training

Slide	WIC Clinic Contacts	Main Messages	Activities and Handouts
 <p>WIC Clinic Contacts</p> <ul style="list-style-type: none"> The WIC clinic provides another opportunity for face-to-face contact with WIC mothers. Mothers who meet their peer counselor in the WIC clinic are more likely to view them as part of the WIC staff and feel more comfortable later with telephone contacts. Peer counselors model breastfeeding in the waiting room, teach classes and often see mothers routinely as part of the normal clinic flow. 			
 <p>Clinic Logistics</p> <ul style="list-style-type: none"> Examine the clinic appointment system to determine whether appointments for WIC prenatal participants and breastfeeding participants can be grouped on particular days to maximize the peer counselor's time in the clinic. Identify work space in the clinic for a peer counselor. If space is a premium, consider: <ul style="list-style-type: none"> Providing a laptop computer to document offsite. Allow peer counselors to work from home during non-office hours. Work with clerks to consolidate WIC appointments on the same day. Invite peer counselors to meet with mothers in the waiting room on maternity days. 			
 <p>Home Visits</p> <ul style="list-style-type: none"> In the early days of breastfeeding, a telephone call may not fully reveal incorrect positioning or latch of an infant, the primary cause of breastfeeding problems. Ideally a mother can get to the WIC clinic for one-on-one assessment; this is not always possible. State and local WIC agencies should discuss needs in your community and set guidelines that follow agency policies for home visits. In some states peer counselors only visit mothers they know in their neighborhood due to safety or liability concerns. Home visits can be expensive on a limited budget. New peer counselors may not be trained or experienced enough to address complex problems that may be encountered when seeing a mother at home. Safety issues should always be addressed. 			

Facilitator Prompts – Manager Training

Slide	Options for Home Visits	Main Messages	Activities and Handouts
 <p>Options for Home Visits</p>	<ul style="list-style-type: none"> Allow peer counselors to accompany other health professionals making home visits (such as home visiting nurses or dietitians). Collaborate with home visiting agencies in your community. Train home visiting nurses to conduct basic breastfeeding assessments and manage early problems. Refer to other health professionals in the community who make home visits with new mothers. 		
 <p>Showcase: Michigan State University Extension</p>	<ul style="list-style-type: none"> The Michigan State University Extension Program provides an extensive home visiting program as part of its community-based educational model. MSU provides day-to-day supervision of peer counselors and involves them in making home visits with enrolled clients. Peer counselors provide at least three home visits to enrolled participants. The program has resulted in a high rate of breastfeeding, with more than 90% of enrolled participants breastfeeding and over 40% exclusively breastfeeding to 3 months. MSU's home visiting policies and protocols can easily be replicated in WIC local agencies. Their recommendations include: <ul style="list-style-type: none"> Start small by offering home visits only on an "as needed" basis. Work out the kinks before expanding home visiting options. Amount of time needed varies from 1 hour for prenatal visits to 2 hours for postpartum visits. Home visits longer than 2 hours are an indication that a designated breastfeeding expert may need to be involved. Follow standard safety precautions. 	<p>Model Practices for Home Visits</p> <ul style="list-style-type: none"> Make contact with the mother beforehand. Dress appropriately and carry as little as possible. Leave jewelry and other valuables at home. Always notify WIC clinic staff of the destination and return time. Carry a fully charged cell phone for emergencies. Plan the route carefully to avoid getting lost. Ask about pets and any precautions or arrangements needed. Guard against illness and infectious diseases. MSU provides more detailed safety practices. 	
 <p>Model Practices for Home Visits</p>			

Facilitator Prompts – Manager Training

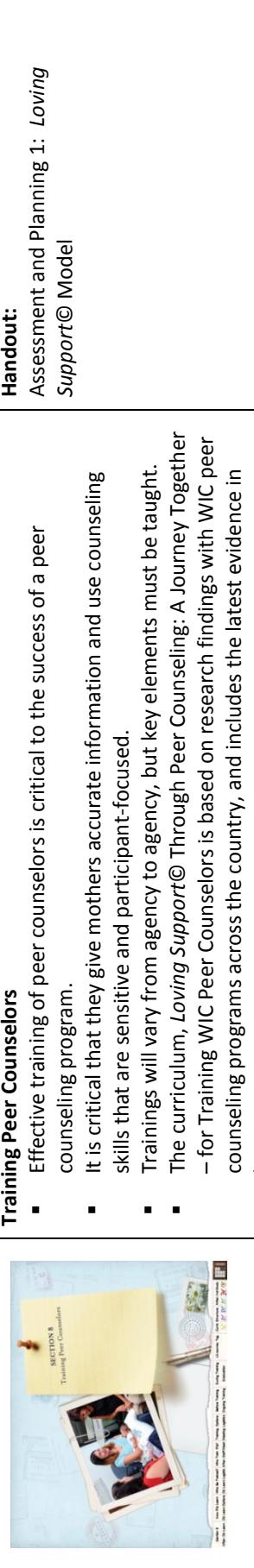
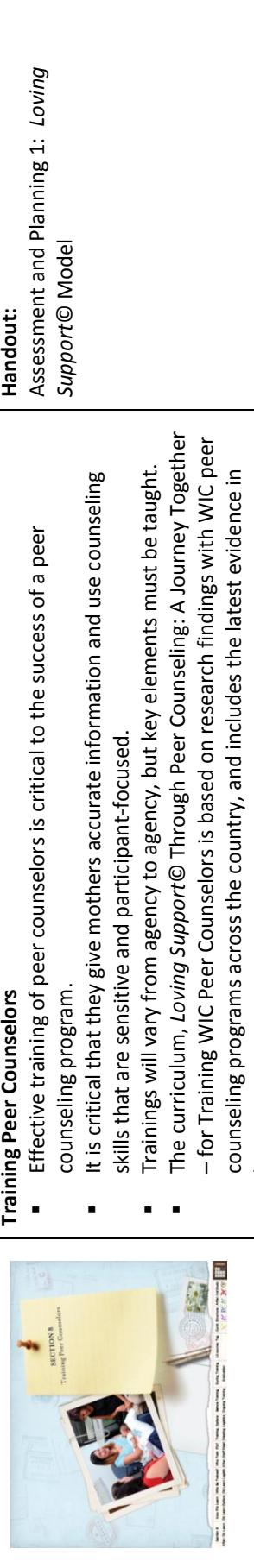
Slide	Support Groups	Main Messages	Activities and Handouts
 Support Groups	<ul style="list-style-type: none"> ▪ Another important aspect of mother-to-mother support is connecting mothers to one another through group meetings at the WIC office or in the community. ▪ This enables WIC staff to be available to answer questions of new moms and for the group to gain confidence as they see other moms work through issues. ▪ WIC agencies often find that for these groups to be successful they need to be called something other than “support groups.” ▪ Peer counselors often lead the meetings, with various topics presented. ▪ Group meetings cannot be counted as second nutrition education unless a CPA is providing the education. 	<p>Showcase: California Riverside “Sistah” Program</p> <ul style="list-style-type: none"> ▪ The California-Riverside County Local WIC Agency is one of California’s ‘star’ agencies that mentors other agencies beginning peer counselling programs, and assists these agencies to set up a group program similar to theirs. ▪ They have implemented a model support program for African American mothers called the “Sistah Connection” that is a model for other agencies. ▪ The “Sistah Connection” is so successful it has grown to more than 30 active groups meeting monthly in 9 WIC clinics. ▪ The group has increased breastfeeding rates dramatically among African American mothers. In 2010, 38% of African American mothers were exclusively breastfeeding at 2 months, and nearly 20% continue to 6 months, far higher than the national WIC rate. 	<p>Why it Works</p> <ul style="list-style-type: none"> ▪ The secret to the group’s success is a simple process of keeping mothers together each month. ▪ After certification, mothers meet with other women for group education. Peer counselors facilitate the group to begin building relationships and trust. ▪ Mothers are issued monthly vouchers at the end of the group; the next appointment is the following month on the same day and time with the same group of women. ▪ Once the mother delivers her baby, she continues to meet with the same group for as long as she is exclusively breastfeeding. ▪ If the mother chooses to begin receiving formula vouchers from WIC, her participation in the group is discontinued. ▪ Many of the women form a special bond and continue to meet outside the WIC group meeting times.

Facilitator Prompts – Manager Training

Slide	Group Education	Main Messages	Activities and Handouts
	<p>Group Education</p> <ul style="list-style-type: none"> Peer counselors often assist with prenatal and postpartum group education events to help mothers prepare for breastfeeding and handle early challenges. Classes can have formal agendas, but most agencies find that more informal structures that facilitate discussion are more effective with WIC mothers. 		
	<p>Showcase: Miami-Dade WIC Program</p> <ul style="list-style-type: none"> The Miami-Dade WIC Program, which serves a large population of more than 90,000 WIC moms, handles nutrition education through group education in the WIC clinics. Peer counselors are an important part of the group education. Mothers are appointed to the clinic by certification status, which enables group education to be conducted in groups of women who are at the same stage. WIC nutrition staff provide basic nutrition information. The lactation consultant who heads the agency lactation team provides instruction on breastfeeding technique and milk production. Peer counselors offer tips and strategies for getting a good start with breastfeeding and ways to help things run smoothly. The model has worked well for an agency handling such a large caseload. 		
	<p>Resources</p> <ul style="list-style-type: none"> The <i>Loving Support© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors</i> training provides an optional module, “Working in Other Settings,” that can be used to train peer counselors on making home visits, participating in and leading mother’s groups, and conducting hospital visits. Other resources include: <ul style="list-style-type: none"> California-Riverside “Sistah Program” provides lesson plans for support group meetings. MSU Extension Program training materials include home visiting guidelines. 		

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Section 8: Training Peer Counselors

Slide	Main Messages	Activities and Handouts
	<p>Training Peer Counselors</p> <ul style="list-style-type: none"> Effective training of peer counselors is critical to the success of a peer counseling program. It is critical that they give mothers accurate information and use counseling skills that are sensitive and participant-focused. Trainings will vary from agency to agency, but key elements must be taught. The curriculum, <i>Loving Support® Through Peer Counseling: A Journey Together – for Training WIC Peer Counselors</i> is based on research findings with WIC peer counseling programs across the country, and includes the latest evidence in lactation management. 	<p>Handout: Assessment and Planning 1: <i>Loving Support® Model</i></p>
	<p>How Peer Counselors Learn</p> <ul style="list-style-type: none"> Peer counselors often come into the job with much of their breastfeeding knowledge based on their own personal experiences and those of friends and family. These may not be grounded in evidence-based practices. Peer counselor training helps: <ul style="list-style-type: none"> Broaden their knowledge base. Provide a scientific base to their understanding of breastfeeding. Build skills that help gain confidence. Correct myths and misconceptions about breastfeeding Improve counseling skills Enhance referrals to WIC Peer counselors highly value their training experience and feel it is crucial to helping them feel confident and comfortable in their job. While WIC agencies may feel it is easier to ask peer counselors to do their training through self-study or independent learning, the message from research with peer counselors is that they prefer in-person, interactive training opportunities where they can meet staff, ask questions, and practice skills. Face-to-face learning also enables the trainers to assess each peer counselor's progress in learning, and to address strengths and areas for improvement. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
<p>Who Should Attend Peer Counselor Trainings?</p>  <ul style="list-style-type: none"> ▪ Many States include local WIC clinic staff in new peer counselor training events so they will all hear the same information and be aware of the role and scope of practice for peer counselors. ▪ Certain portions of the peer counseling training can be helpful for local staff. However, the FNS curriculum, "Using Loving Support® to Grow & Glow in WIC: Breastfeeding Training for Local WIC Staff," should generally be used to train non-WIC staff. ▪ Some agencies also invite health care professionals from the community to build buy-in and support for the peer counseling program. 	<p>Who Should Attend Peer Counselor Trainings?</p> <ul style="list-style-type: none"> ▪ State staff could include the breastfeeding coordinator, peer counselor coordinator, or breastfeeding educator. ▪ Local agency staff could include the breastfeeding coordinator, peer counselor coordinator, or peer counselor supervisor. ▪ Many successful programs prefer to use IBCLCs on staff or on contract. ▪ Other options could include local nutritionists, La Leche League leaders, physicians, or nurses. ▪ Many WIC agencies invite experienced peer counselors to assist with the training. They can share perspectives and successful strategies. 	
<p>Who Should Train Peer Counselors?</p>  <ul style="list-style-type: none"> ▪ Factors to consider in training options: <ul style="list-style-type: none"> • Number of peer counselors and trainers. • Personal situation of the peer counselors (available transportation, older children, etc.) ▪ Options that have been used: <ul style="list-style-type: none"> • Hold training in a centralized location every quarter. • Hold regional trainings as new hires come on board. • Train on an “as needed” basis one-on-one, if necessary. • Train full days, ending in time to retrieve older children from school. • Train for half days more frequently. ▪ Allow for the fact many adult learners are “delayed processors.” ▪ Vermont WIC asks peers to read the narrative summary of the curriculum first, and then schedules trainings on consecutive Saturdays. Infants in arms are welcomed. 	<p>Training Options</p>  <ul style="list-style-type: none"> ▪ Factors to consider in training options: <ul style="list-style-type: none"> • Number of peer counselors and trainers. • Personal situation of the peer counselors (available transportation, older children, etc.) ▪ Options that have been used: <ul style="list-style-type: none"> • Hold training in a centralized location every quarter. • Hold regional trainings as new hires come on board. • Train on an “as needed” basis one-on-one, if necessary. • Train full days, ending in time to retrieve older children from school. • Train for half days more frequently. ▪ Allow for the fact many adult learners are “delayed processors.” ▪ Vermont WIC asks peers to read the narrative summary of the curriculum first, and then schedules trainings on consecutive Saturdays. Infants in arms are welcomed. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Before the Training</p>	<p>Before the Training</p> <ul style="list-style-type: none"> ▪ While waiting for a formal training event, there are many things peer counselors can do to prepare. ▪ The Training 1: Before the Training Checklist is based on an Indiana WIC document used to keep peer counselors engaged until their training occurs. Ideas include: <ul style="list-style-type: none"> • Attending breastfeeding classes and support group meetings. • Visit other peer counselor programs. • Reading resources provided by WIC. • Watching videos provided by WIC. • Shadowing peer counselors making phone calls with new moms. • Visiting relevant websites on breastfeeding. ▪ Vermont WIC asks peer counselors to review the narrative summary beforehand. A narrative summary of each module is included in the “Peer Counselor Handbook” edition of the curriculum. 	<p>Handout:</p> <ul style="list-style-type: none"> Training 1: Before the Training Checklist Training 2: Peer Counselor Training
 <p>During Formal Training</p>	<p>During Formal Training</p> <ul style="list-style-type: none"> ▪ Peer counselors overwhelmingly report they prefer interactive, fun, lively training programs that allow them to have hands-on experience interacting with one another and practicing new skills. ▪ Teaching peer counselors in a comfortable, unhurried pace allows for delayed processing and creates an environment that encourages learning. ▪ Small-group, interactive instructional approaches are most effective. ▪ Be sensitive to peer counselors with low literacy skills or who may associate classroom learning with previous negative educational experiences. 	<p>Loving Support© Through Peer Counseling: A Journey Together</p> <ul style="list-style-type: none"> ▪ The FNS curriculum, <i>Loving Support© Through Peer Counseling: A Journey Together</i> – For Training WIC Peer Counselors, is based on adult learning principles and research on effective strategies. ▪ The theme focuses on the journey that every new peer counselor makes in learning new skills, the journey new moms will make, and the ways peer counselors travel with moms to provide support and help them reach their goals. ▪ The content is evidence-based with scientific basis for technique and management. ▪ The approach is highly interactive and includes innovative teaching approaches. ▪ Complete instructions are provided with the Training Facilitator Guide.

Facilitator Prompts – Manager Training

Slide	Curriculum Structure	Main Messages	Activities and Handouts
Curriculum Structure 	<p>Curriculum Structure</p> <ul style="list-style-type: none"> The curriculum is divided into four major sections, with a total of 12 teaching modules and one optional module on providing peer counseling in other settings besides WIC clinics and home-based telephone programs. Section 1: The WIC Peer Counselor Program Section 2: Counseling and Communication Skills Section 3: Getting Started with Breastfeeding Section 4: Talking with Mothers About Breastfeeding 	<p>After the Training: Independent Study</p> <ul style="list-style-type: none"> After the initial training peer counselors can continue to build their breastfeeding knowledge through home study learning at their own pace. Independent study is not meant to replace formal training, but reinforce it. The curriculum text, <i>Breastfeeding: A Parent's Guide</i>, by Amy Spangler, provides short, simple readings that can be done as homework. Other options can include the <i>Womanly Art of Breastfeeding</i>, <i>Breastfeeding Answers Made Simple</i>, and <i>Counseling the Nursing Mother</i>. Peer counselors can download online modules from WIC Works such as "Breastfeeding Basics," "Secrets of Baby Behavior," and other modules. 	<p>After the Training: Observational Learning</p> <ul style="list-style-type: none"> Research with peer counselors reveals they especially value opportunities to learn breastfeeding techniques by shadowing others involved in supporting mothers with breastfeeding. Regular and multiple opportunities to observe help build peer counselors' confidence and skills in real-life learning situations. Experts to consider: <ul style="list-style-type: none"> Experienced WIC peer counselors and nutrition staff. IBCLCs and other lactation experts. WIC breastfeeding coordinators.
After the Training: Independent Study 			
After the Training: Observational Learning 			

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Observational Learning Options 	<p>Observational Learning Options</p> <ul style="list-style-type: none"> ▪ Provide shadowing opportunities: <ul style="list-style-type: none"> • Experienced peer counselors making phone calls with new moms. • Breastfeeding experts in the clinic, hospital, or home visit. • WIC CPA counseling a mother and issuing a food package. • Public health nurse or other staff making a home visit with a mom. ▪ Experiences should be within the framework of the trainees' overall learning. 	<p>Handout: Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log</p> <p>Staffing and Supervision 9: Shadowing Breastfeeding Experts - Debriefing</p>
Observational Learning Logistics 	<p>Observational Learning Logistics</p> <ul style="list-style-type: none"> ▪ Tailor shadowing opportunities to meet the learning needs of peer counselors. ▪ The person being shadowed should introduce the peer counselor to the woman and indicate she is learning more about helping moms with breastfeeding. ▪ The peer counselor should not initially participate in counseling the mother and instead, should record her thoughts and impressions. ▪ After the shadowing is completed, the supervisor can hold a debriefing with the peer counselor to review her understanding of what she observed to determine if additional shadowing opportunities are needed. 	
After the Training: Monthly Staff Meetings 	<p>After the Training: Monthly Staff Meetings</p> <ul style="list-style-type: none"> ▪ Monthly staff meetings for WIC peer counseling staff are helpful in retaining peer counselors and stimulating job satisfaction. ▪ Peer counselors place a high value on monthly staff meetings as a time to network with other peer counselors, learn from more experienced staff, share common concerns, brainstorm solutions, hear program updates, and learn new techniques. ▪ Monthly meetings also allow for face time between supervisors and peer counselors to assess progress and address any concerns. 	
Monthly Meeting Logistics 	<p>Monthly Meeting Logistics</p> <ul style="list-style-type: none"> ▪ Meetings can include a combination of breastfeeding continuing education topics and opportunities for social interaction. ▪ Consider meeting in locations where peer counselors will feel comfortable. ▪ Allow time and opportunity to build and nurture relationships. ▪ Provide a short educational session to address common issues being faced. ▪ View videos you were unable to show during the training (e.g., USDA Fathers and Breastfeeding, Magical Bond of Breastfeeding, Laid-Back Breastfeeding, A Premie Needs His Mother, or other video snippets included in the platform). ▪ Review the peer counselor contact logs and discuss case studies. 	

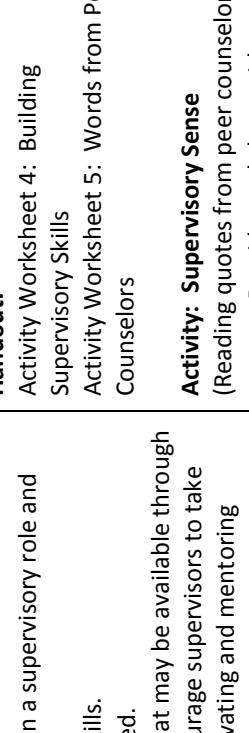
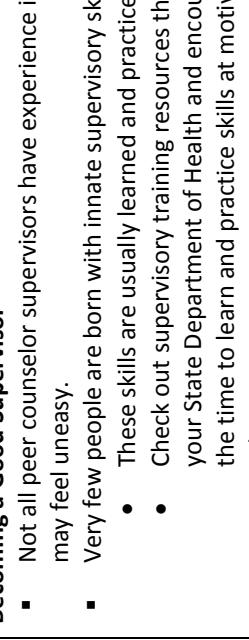
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
Ongoing Training 	<p>Ongoing Training</p> <ul style="list-style-type: none"> Peer counselors are more likely to remain engaged with the WIC program when they receive the continuing education to keep their skills sharp and when they hear inspiring speakers and meet other breastfeeding advocates. Options include: <ul style="list-style-type: none"> Include peer counselors in pertinent trainings offered to WIC staff. Hold an annual peer counselor conference with motivational speakers and continuing education specific to common issues of clients. Reimburse peer counselors who attend breastfeeding conferences. Bring peer counselors to WIC state conference and events, and include them in local agency monthly staff meetings to feel part of the team. Allow them to attend State, regional, or local breastfeeding trainings. Encourage them to attend La Leche League meetings. 	
Graduation! 	<p>Graduation!</p> <ul style="list-style-type: none"> Celebrate successes by staging a graduation event for peer counselors! Graduation events at the conclusion of the peer counselor's formal training recognize her accomplishments and provide a confident start to her new job. Graduations help build a sense of pride and enthusiasm. They also communicate a sense of importance to the peer counselors, their families, local WIC staff, and the community to generate support. 	<p>Handout:</p> <p>Training 3: Certificate</p>

Section 9: Mentoring and Supervising Peer Counselors

Slide	Main Messages	Activities and Handouts
	<p>Mentoring and Supervising Peer Counselors</p> <ul style="list-style-type: none"> WIC agencies through the years have found that mentoring and ongoing supervision of peer counselors is integral to sustaining a successful peer counseling program. Supervision requires careful attention and guidance, continual availability to peer counselors, and ongoing support. 	<p>Handout: Assessment and Planning 1: <i>Loving Support© Model</i></p>
	<p>Dedicated Supervisors Are Key</p> <ul style="list-style-type: none"> Research shows that having designated coordinators/managers and supervisors with dedicated time allocated to supervise peer counselors are important to program success. Who should these designated supervisors be? Most programs are managed at the local level, with statewide standards issued for supervising and monitoring the program. Supervisors tend to be: <ul style="list-style-type: none"> Local agency breastfeeding coordinators. Regional or local peer counseling coordinators. Local agency nutritionists. Staff or contract lactation consultants. Regional or district level breastfeeding coordinators. 	
	<p>Time Commitment</p> <ul style="list-style-type: none"> The time commitment involved in supervising the work of peer counselors can be significant, depending on how many peer counselors are hired, agency caseload, degree of paperwork required by the State, and other factors. Some States have reported that at least 25 FTE is required for managing a local program of 3-5 peer counselors. Others say that a full-time FTE is required for supervising 5-7 peer counselors due to training, mentoring, monitoring, follow-up, spot checks, etc. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
	<p>Becoming a Good Supervisor</p> <ul style="list-style-type: none"> Not all peer counselor supervisors have experience in a supervisory role and may feel uneasy. Very few people are born with innate supervisory skills. These skills are usually learned and practiced. Check out supervisory training resources that may be available through your State Department of Health and encourage supervisors to take the time to learn and practice skills at motivating and mentoring others. 	<p>Handout:</p> <ul style="list-style-type: none"> Activity Worksheet 4: Building Supervisory Skills Activity Worksheet 5: Words from Peer Counselors <p>Activity: Supervisory Sense (Reading quotes from peer counselors)</p> <ul style="list-style-type: none"> Provide worksheet with quotes. Write down key words that tell the story of the peer counseling on a flip chart. Discuss common words and ways supervisors can maximize these motivators in mentoring and supervising peer counselors.
	<p>The Early Days of Supervision</p> <ul style="list-style-type: none"> The Staffing and Supervision 10: Peer Counselor Observation Tool can be used as a guide when observing the peer counselor's initial calls. People are easily motivated when they feel they are learning new things and are growing in positive ways. Effective supervisors provide opportunities for that type of personal growth. 	<p>Handout:</p> <ul style="list-style-type: none"> Staffing and Supervision 10: Peer Counselor Observation Tool
	<p>Training</p> <ul style="list-style-type: none"> Tell her what the expectations are through proper training. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts	
Shadowing 	Shadowing <ul style="list-style-type: none"> Show her how the job is done through shadowing. Ask her to observe and take notes about what she sees. 		
Let her try 	Let her try <ul style="list-style-type: none"> Let her try it on her own. 		
Feedback 	Feedback <ul style="list-style-type: none"> Observe her performance and give her helpful feedback. 		
Praise 	Praise <ul style="list-style-type: none"> Praise her progress so she can be proud of the things she is learning and ways she is growing. 		

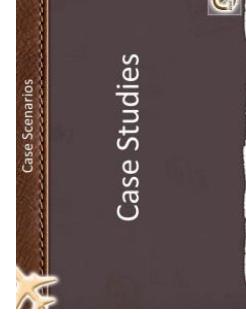
Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Mentoring vs. Supervision</p>	<p>Mentoring vs. Supervision</p> <ul style="list-style-type: none"> Most WIC peer counselor supervisors have found it effective to function as “mentors” in the first six months of a peer counselor’s job while she is learning new skills. In California, the IBCLCs serve as “mentors” to help peer counselors build their skills, which is often where true mentoring is needed. This distinguishes their role from supervisor. To give effective feedback, the supervisor/mentor should be knowledgeable and skilled in breastfeeding. A mentor is someone who serves as a coach, providing guidance, resources, training, and support as the peer counselor grows her skills. A mentor makes allowances in the beginning as they are learning their job. Treating them with respect will help them gain confidence. A good mentor: <ul style="list-style-type: none"> Maintains frequent contact for many opportunities to debrief. Listens and asks questions to explore her feelings about the job. Encourages her to problem solve solutions to problems she encounters. Challenges her to try new things and use her skills. Provides information, guidance, and support. 	<p>Handout:</p> <p>Assessment and Planning 1: <i>Loving Support</i>© Model Staffing and Supervision 11: Questions for Mentors</p>
	<p>Praise and Affirm</p> <ul style="list-style-type: none"> Observe the peer counselor during early contacts with mothers in the clinic to guide and praise. Once she has demonstrated she can manage calls well, she can begin handling contacts on her own. Maintain weekly contacts by phone or clinic. (Staffing and Supervision 11: Questions for Mentors can be used.) Explore her progress and concerns. Help her troubleshoot any challenges of working the job into her life. Be patient and gentle when peer counselors do not perform as expected. New job skills take time to learn! Model effective counseling skills by using open-ended questions and affirmation in your conversations with her. Offer additional training and shadowing opportunities as needed. 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
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 Other Supervisory Skills	<p>Other Supervisory Skills</p> <ul style="list-style-type: none"> Goals Feedback Praise <p>Other Supervisory Skills</p> <ul style="list-style-type: none"> ■ Setting goals: <ul style="list-style-type: none"> • Goals are a roadmap; assuring peers are headed in the right direction. • Goals help peer counselors see when improvements are needed, and feel pride when the goals are reached. • Good supervisors set expectations while encouraging peer counselors to take ownership in setting their own goals for growth. ■ Feedback: <ul style="list-style-type: none"> • Peer counselors need continuous feedback from the supervisor. • Contacts help them realize they are not alone. • Being available as a resource when they encounter new situations helps them grow confidence. ■ Provide a performance review to check in with peer counselors and provide feedback. The sample Staffing and Supervision 12: Peer Counselor Mentoring Tool can be used. ■ Praise: <ul style="list-style-type: none"> • Peer counselors need praise for big and little accomplishments. • Celebrating successes helps them feel proud and motivated. 	<p>Handout:</p> <p>Staffing and Supervision 12: Peer Counselor Mentoring Tool</p> <p>Ongoing Support</p> <ul style="list-style-type: none"> ■ After around six months, when the peer counselor has demonstrated she is functioning well, your relationship with the peer counselor can shift to more of a supervisory role. ■ Discuss this changing relationship and allow her to set new goals for where she would like to be, and support she will need to get there. ■ Let her know she is responsible for doing her paperwork properly, attending staff meetings without being reminded, and following procedures. ■ Regular contacts remain important, especially if they work from home. ■ Peer counselors continue to grow when they are allowed to learn more and stretch their potential with new challenges. (e.g., allow them to mentor new peer counselors, help with training events, assist in a prenatal class, research and present a breastfeeding topic for staff meetings, etc.)

Facilitator Prompts – Manager Training

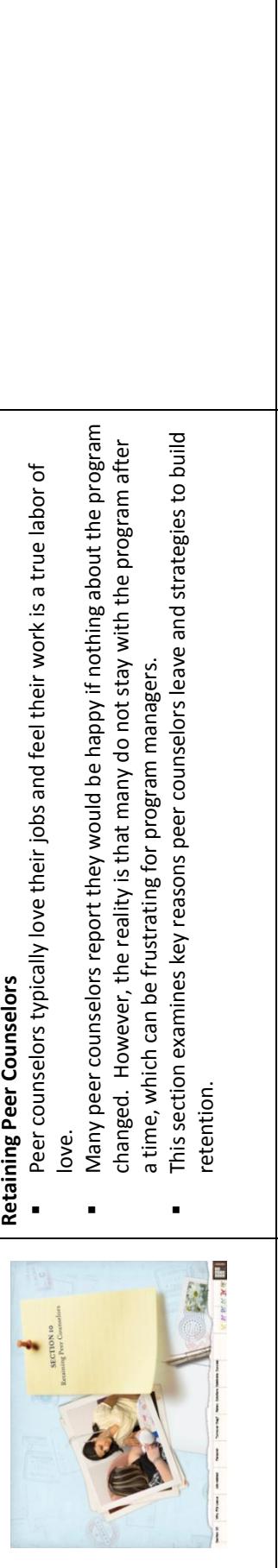
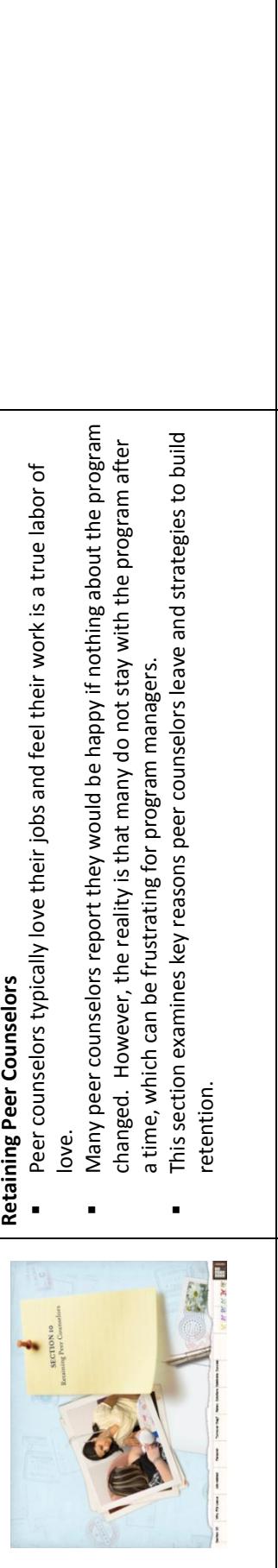
Slide	Main Messages	Activities and Handouts
 <p>Monthly Staff Meetings</p> <ul style="list-style-type: none"> Monthly staff meetings help peer counselors keep their training skills sharp. These meetings are key to most successful programs as a way of touching base with peer counselors and assuring that accurate information is being given and to brainstorm creative solutions. WIC agencies find these meetings are an extremely important way to keep peer counselors engaged with the program and provide social interaction. Consider allowing peer counselors to bring their babies. Review procedures and policies, provide breastfeeding updates, and allow them to share scenarios of their experiences and discuss strategies. 	<p>Case Scenarios</p> <ul style="list-style-type: none"> Conduct the activity, <i>Case Scenarios</i>. 	<p>Handout: Staffing and Supervision 13: Supervision Case Studies</p> <p>Activity: Case Scenarios (Discuss case situations)</p> <ul style="list-style-type: none"> Distribute case studies. Discuss solutions.
 <p>Case Studies</p>	<p>Peer Counselor Monitoring</p> <ul style="list-style-type: none"> Supervisors are responsible for monitoring the work of peer counselors. This can be especially important if peer counselors are working from home. Weekly phone contacts allow supervisors to be on top of the day-to-day work of peer counselors and the clients they are contacting. Regularly review contact logs, randomly selecting some to review each month. Spot checks are a crucial part of program monitoring, particularly for staff who are working from home. The Phone Feedback Form can be used. Peer counselors should be told from the outset if the program policies are requiring spot checks. This involves randomly selecting one or two WIC client names from the weekly time report, usually focusing on a client who received a lot of phone contacts or who had questions. The spot check should never be conducted as a “checking up” on the peer counselor; rather, it should focus on making sure the mother is doing okay and has received all the help she needs. Remember that often WIC mothers do not remember the name of their peer counselor and do not understand the term “peer counselor.” Conduct additional spot checks if needed. 	<p>Handout: Staffing and Supervision 14: Peer Counselor Phone Feedback Form</p>

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
	<p>Reasons to Dismiss a Peer Counselor</p> <ul style="list-style-type: none"> ▪ Although it is not common, supervisors occasionally must release a peer counselor from her duties. ▪ Some reasons might be: <ul style="list-style-type: none"> • Fraud. • Not performing job duties. • Breaking confidentiality (as determined by your State's policies). • Inappropriate conduct for a "role model" (including substance abuse). 	
	<p>Respecting and Empowering Peer Counselors</p> <ul style="list-style-type: none"> ▪ Supporting peer counselors should be an integral part of the program. Peer counselors are often in difficult life circumstances and the job of supporting mothers can be emotionally draining. ▪ An added difficulty is the isolation of peer counselors working from home. ▪ Respect their unique situations, including: <ul style="list-style-type: none"> • Financial concerns. • Transportation issues. • Child care needs. 	
	<p>Supporting Peer Counselors</p> <ul style="list-style-type: none"> ▪ Connecting peer counselors regularly to the supervisor and other peer counselors helps them remain motivated and engaged with the program. ▪ Make routine referrals of mothers who need follow-up. ▪ Support a breastfeeding-friendly environment in the WIC clinic. ▪ Hold monthly staff meetings. ▪ Provide access to the lactation consultant or coordinator for immediate follow-up when mothers have problems outside the peer counselor's scope. ▪ Maintain regular, systematic contact. ▪ Affirm peer counselors continually. 	
	<p>When Peer Counselors Leave</p> <ul style="list-style-type: none"> ▪ When a peer counselor leaves her position, always conduct an exit interview to learn what factors are involved in her decision and to identify recommendations that can improve the program. ▪ Ask what could have been done to better support her. Encourage constructive criticism as this will help with better supervision for future peer counselors. ▪ Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor) ▪ Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued 	<p>Handouts</p> <ul style="list-style-type: none"> ▪ Staffing and Supervision 15: Peer Counselor Exit Survey (for Peer Counselors) ▪ Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor) ▪ Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued

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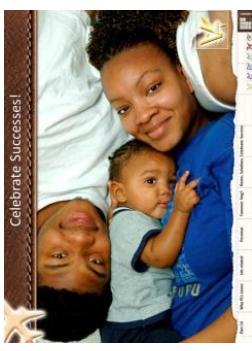
Section 10: Retaining Peer Counselors

Slide	Main Messages	Activities and Handouts	
	<p>Retaining Peer Counselors</p> <ul style="list-style-type: none"> Peer counselors typically love their jobs and feel their work is a true labor of love. Many peer counselors report they would be happy if nothing about the program changed. However, the reality is that many do not stay with the program after a time, which can be frustrating for program managers. This section examines key reasons peer counselors leave and strategies to build retention. 	<p>Activity: Why Peer Counselors Leave (Discussion)</p> <ul style="list-style-type: none"> Draw a line down the middle of a flip chart sheet. Discuss the potential reasons peer counselors leave on one column, and strategies to address in the second column 	
	<p>Why Peer Counselors Leave</p> <ul style="list-style-type: none"> If the WIC peer counseling is such an ideal dream job, why do peer counselors leave? 	<p>Activity: Why Peer Counselors Leave (Discussion)</p> <ul style="list-style-type: none"> Draw a line down the middle of a flip chart sheet. Discuss the potential reasons peer counselors leave on one column, and strategies to address in the second column 	<p>Job Related Reasons Peer Counselors Leave</p> <ul style="list-style-type: none"> Low Wages: Peer counselors may cite low wages as a factor making it difficult to continue. Burnout: As a “giving” profession, the demands of the job can lead to burnout if peer counselors are not able to feel they can contribute as a member of the WIC team, if the work is monotonous (i.e., they are only following one classification of clients), they do not feel valued, they lack personal growth opportunities, or they become discouraged when few women choose to breastfeed. Isolation: Because many peer counselors work from home, it can be easy to feel disconnected. When several of these factors are combined with the challenge of balancing work with the needs of family, peer counselors can easily feel discouraged. This is why face-to-face networking opportunities are important to help peers remain involved.

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
 <p>Personal Reasons Peer Counselors Leave</p> <ul style="list-style-type: none"> Sometimes peer counselors leave for reasons that are totally beyond WIC's control. Stressful personal life: lack of family support or financial pressures may force them to seek a second job. The job is not a good fit: some come into the job with unrealistic expectations of what the job will be like. Seek other opportunities: often peer counselors leave to return to school or to take another professional job in another capacity. 	<p>Personal Reasons Peer Counselors Leave</p> <ul style="list-style-type: none"> Sometimes peer counselors leave for reasons that are totally beyond WIC's control. Stressful personal life: lack of family support or financial pressures may force them to seek a second job. The job is not a good fit: some come into the job with unrealistic expectations of what the job will be like. Seek other opportunities: often peer counselors leave to return to school or to take another professional job in another capacity. 	
 <p>Turnover is Not Necessarily Negative</p> <ul style="list-style-type: none"> Although dealing with staff turnover can be frustrating, it is helpful to see the positive aspects, which often indicate program success. Peer counselors often grow professionally in many ways through their work with WIC. They learn new job skills, become empowered as members of the health care team, and develop professionally in ways that ready them for new job challenges. Many go on to become full-time WIC staff, attend nursing school, enroll in dietetic programs, or pursue other service occupations. Once peer counselors leave the WIC program, they often continue to provide breastfeeding education and support within their community for neighbors, family, and friends. 	<p>Turnover is Not Necessarily Negative</p> <ul style="list-style-type: none"> Although dealing with staff turnover can be frustrating, it is helpful to see the positive aspects, which often indicate program success. Peer counselors often grow professionally in many ways through their work with WIC. They learn new job skills, become empowered as members of the health care team, and develop professionally in ways that ready them for new job challenges. Many go on to become full-time WIC staff, attend nursing school, enroll in dietetic programs, or pursue other service occupations. Once peer counselors leave the WIC program, they often continue to provide breastfeeding education and support within their community for neighbors, family, and friends. 	<p>Handout: Assessment and Planning 1: <i>Loving Support</i>© Model</p>
 <p>Solutions for Retention</p> <ul style="list-style-type: none"> WIC staff support Including peer counselors as part of the WIC team Breastfeeding promotion activities Supervision Sensitivity to personal issues Adequate compensation 	<p>Solutions for Retention</p> <ul style="list-style-type: none"> WIC staff support Including peer counselors as part of the WIC team Breastfeeding promotion activities Supervision Sensitivity to personal issues Adequate compensation 	

Facilitator Prompts – Manager Training

Slide	Main Messages	Activities and Handouts
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 Celebrate Success!	<p>Celebrate Success!</p> <ul style="list-style-type: none">▪ WIC agencies that celebrate successes are able to maintain a positive environment and energy for moving forward.▪ Keep track of breastfeeding data to share with peer counselors and colleagues.▪ Use this data to praise peer counselors and show them how they are making a difference.▪ Have a party periodically when new milestones are accomplished, at peer counselor graduations, when peer counselors are ready to move into a more advanced position, or when positive feedback is received from WIC mothers about the program.▪ Some agencies plan annual peer counselor conferences for peer counselors in the State. This allows for learning opportunities that inspire peer counselors, social interaction that can re-energize and re-engage peer counselors who are feeling weary, and public recognition before peers.	